



universität
wien

DIPLOMARBEIT / DIPLOMA THESIS

Titel der Diplomarbeit / Title of the Diploma Thesis

„Representations of Trauma in Young Adult Literature“

verfasst von / submitted by

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angestrebter akademischer Grad / in partial fulfilment of the requirements for the degree of
Magistra der Philosophie (Mag.phil.)

Wien, 2016 / Vienna, 2016

Studienkennzahl lt. Studienblatt /
degree programme code as it appears on
the student record sheet:

A 190 344 299

Studienrichtung lt. Studienblatt /
degree programme as it appears on
the student record sheet:

UF Englisch UF Psychologie und Philosophie

Betreut von / Supervisor:

Univ. Prof. Dr. Ewald Mengel

Acknowledgements

First, I would like to sincerely thank my family, especially my parents Elisabeth and Roman, for their exceptional support not only in terms of financial aid, but even more for their patience and appreciation of my endeavors. Without you, the accomplishment of my studies would hardly have been possible.

Thanks to my friends who always managed to brighten me up whenever anything was not working according to plan. I specifically want to thank my close friend Kathi for her sincere interest in my undertakings and inspiration of thought. I would also wish to express my gratitude to Christoph who encouraged me to focus on my achievements throughout this labor-intensive period.

In addition, I want to heartily thank my dear reviser Dr. Elisabeth Morgenstern for thoroughly and swiftly proof reading my work. Thank you for spending precious time to support me.

Finally, I would like to pronounce words of deep gratitude to Univ. Prof. Dr. Ewald Mengel, who inspired my interest in trauma literature. Thank you for a smooth and uncomplicated collaboration, and for being such an invigorating mentor during the course of my studies.

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1. INTRODUCTION

By examining literature intended for a young readership, one will instantly notice that these writings often deal with intricate topics such as death, rape, abuse, incest and similar disconcerting themes. As all these tragic occurrences can be traumatic for the characters in these stories, authors frequently attempt to depict their trauma in a realistic way. Already children's literature features stories that deal with traumatic incidents, most notably, the Holocaust. On that account, Kidd points out that "there seems to be consensus that children's literature is the most rather than the least appropriate literary forum for trauma work" (120). Hence, if trauma is yet a suitable topic to be dealt with in children's literature, it seems to be likewise compatible with fiction for young adult readers. At this point, an important question arises concerning the ethical value of trauma literature for underage readers: If young adult literature is an appropriate medium to write about trauma, how is it to be represented in order to remain truthful about harsh destinies and acknowledge their severity?

Already Sell noticed the dilemma of traumatic representations in books for young readers. He primarily focusses on ethics in literature for children but also refers to the portrayal of trauma in young adult literature. Sell recognizes the difficulty of depicting trauma truthfully, yet conveying it in a sensitive way that is appropriate for an underage audience (see *ibid.* 279-280). For some writers a promising strategy to remain tactful is at the same time to remain silent about certain aspects of violence and leave gaps to be filled by their addressees (see *ibid.* 280). Although this can be problematic, since young readers might refrain from discussing delicate issues with their parents or other adults, he concludes that "for a writer to tell lies or half-truths about trauma – in any way to play down or even beautify away the likely severity and likely duration of suffering – is arguably less defensible" (280).

Concerning the problem of literary portrayal, it is important to consider that the young adult novel is commonly deemed poor reading material and is far from being recognized as true literature. First, it is often criticized due to its alleged simplistic style. Daniels, for instance, experienced that "[m]any people have argued that YA literature, which is often grouped as a sub-division within the category of children's literature, isn't worth much attention because it doesn't offer enough substance to be included within the traditional literary canon" (78).

According to Cole, another reason for the genre's stigmatization lies in the placement of novels for young adults in libraries and bookstores. She argues that "[s]ome bookstores combine young

adult literature with children's literature, and by doing so, send an unwritten message that young adult literature is not sophisticated enough for teens, especially older readers" (59). Although this argumentation, on the one hand, seems to be preserved at the expense of children's fiction's literary value, it, on the other hand, addresses a significant issue: books that are not written for adults are often deemed to lack complex problems and representation.

Considering the criticism the genre faces in terms of its literary representation, my endeavor is to clarify that there are several young adult novelists that perform creditably in depicting precarious subject matter. In wide sections of the population, mental illness is still considered a taboo issue, and moreover, some of its causes such as child abuse, rape and suicide remain undiscussed. However, there are well-conceived pieces of young adult literature that adopt these subjects and represent trauma not only in an aesthetically appealing way, but also in ethically justifiable form. In order to advocate the standpoint that young adult literature involves elaborated representations of trauma, three representative samples of trauma narratives written for adolescents will be analyzed in regard to features characteristic of trauma fiction.

The first novel to be dealt with is Stephen Chbosky's *The Perks of Being a Wallflower* (1997). Chbosky tells the story of Charlie, an introvert high school freshman who mourns the loss of his best friend, who committed suicide. In addition, he is plagued by feelings of guilt relating to the death of his beloved aunt many years ago, thinking he ought to be blamed for her dying. Throughout the novel however, it transpires that this trauma is connected with a previous one Charlie seems to have repressed. Only at the end of the novel, the reader learns that he was sexually abused by his aunt when he was younger.

The second novel under discussion, *Hate List* (2009), written by Jennifer Brown, deals with the aftermath of a shooting spree in school. The protagonist is Valerie, the former girlfriend of the perpetrator Nick, who took his own life subsequent to the catastrophe. Now Valerie is left alone with her trauma, marginalized by fellow students, who ostracize her for loving a murderer. After a year of social isolation, she eventually manages to accept her trauma and finds consolidation at the victims' memorial.

Finally, there will be an analysis of Kate Morgenroth's novel *Echo* (2007). This novel is about Justin, a boy who relives a certain day of his life over and over again. The story starts with an unpredictable accident where the protagonist's brother shoots himself with a gun he happened to find in his parents' bedroom. One year after his brother's death, Justin still suffers from intrusive memories about the incident. Every chapter describes Justin's re-experience, however

in ever increasing detail. At the end, the narrator exposes that Justin goes through this day repeatedly in a state of hypnosis, which is part of a psychotherapeutic session.

These three novels will be explored against the background of fundamentals in trauma theory, since their reflection is one of the key elements in trauma fiction. The elements include sources of trauma, its course and symptoms, as well as stages of coping with traumatic experiences. Additionally, there will be an analysis of narrative devices that add to the narrators' ambition to represent trauma as authentically as possible. These involve certain literary techniques frequently employed in trauma fiction, such as fragmentation, intertextuality and repetition, which are used to mirror the consequences of traumatic experiences.

All in all, the aim of this thesis is to affirm that young adult literature is, contrary to the assumptions set above, capable of representing complex subject matter in a sophisticated way in terms of substantial accuracy and application of appropriate stylistic devices.

2. YOUNG ADULT LITERATURE: THEMES, PURPOSES AND THE YOUNG ADULT PROBLEM NOVEL

As there are many misconceptions about young adult literature concerning its content and literary authority, the following chapter aims at providing a concise rationale about its underlying intentions. Furthermore, since young adult literature is frequently concerned with severe problems, it will be considered that trauma novels for adolescents are congruent with the genre of young adult problem novels, how they satisfy the needs of their audience and, moreover, the importance ascribed to accurate and authentic representation of thematic content will be emphasized.

Over the years, young adult literature has been labelled differently: adolescent literature, literature for adolescence, adolescent fiction, teenage books, and teen fiction all referred to the same genre (see Bushman and Haas 2). In the past, these novels were even termed juvenile literature, junior novel, teen novel or juvie, however, these labels were rather connoted negatively (see Nilsen et al. 3). The term young adult literature seems to have gained general acceptance among readers and, likewise, with academic scholars. Nielsen and her coauthors even predict that “in academic circles, chances are that young adult is so firmly established that it will continue to be used for the near future” (4).

Young adult literature is characterized by specific properties that differentiate it from children's and adult fiction. As far as the age group of addressees is concerned, young adult literature is usually defined as "anything that readers between the approximate ages of twelve and eighteen choose to read either for leisure reading or to fill school assignments" (Nilsen et al. 3). In order to relate to their readers, writers of young adult literature have to be aware of developmental aspects at that age. Young adulthood is characterized by specific changes that are outlined by Bushman and Haas: It is "a time for physical growth, sexual awareness, emotional upheaval, and cognitive development" (1). Therefore, it is important to consider how young adult literature "meets the interests and needs of these young people, who are confronting a range of experiences in their physical, intellectual, moral, and reading development" (ibid. 1).

Furthermore, Bushman and Haas concisely summarize the main features of young adult literature: "Conflicts are often consistent with the young adult's experience, themes are of interest to young people, protagonists and most characters are young adults, and the language parallels that of young people" (2). Additionally, with reference to the subsequent analysis of young adult trauma literature, two further aspects are of major importance, namely point of view and closure.

Apart from serious conflicts, a significant characteristic of young adult fiction is the point of view from which the story is told. Young adult literature frequently employs a first person narrator in order to establish immediacy and arouse the reader's interest (see Nilsen et al. 28). In addition, first person narration is also used to "connect more personally with the young adult reader" (Bushman, and Haas 37). In this way, the addressee is able to establish a connection with the young adult character and may relate to his or her thoughts and emotions. However, the first person point of view has a restraining effect insofar as "the reader cannot get into the minds of the other characters" (ibid. 37). In order to alleviate this limitation, some authors allow several characters to tell the story from their own point of view, or combine homo- and heterodiegetic narration, and, in some cases, they even "use omniscient narration so skillfully that readers go away with the feeling that the main character was speaking personally to them" (Nilsen et al. 29).

Another relevant characteristic of young adult literature that simultaneously distinguishes it from fiction written for children is "the absence of 'storybook endings'" (Andersen 3). Andersen further elaborates on this statement and explains that although "Young Adult novels generally end on a hopeful note, this characteristic does not necessarily prevent the author from addressing difficult or delicate topics" (ibid. 3). In other words, literature for young adults is

rather optimistic and provides for a positive outlook, even if the story entails several aversive situations and obstacles to be overcome by its characters.

In terms of development, young adult literature is generally written to fulfill certain purposes which play a major role in this period of life. Nilsen and her colleagues provide a table that illustrates the “Stages of Literary Appreciation” (see *ibid.* 9). It consists of seven levels ranging from infancy to adulthood. As for junior high and high school students, levels 4 and 5 respectively, the main purposes of reading are on the one hand “finding oneself in literature” and on the other hand, “venturing beyond oneself” (*ibid.* 9). At level 4, young adult readers begin to appraise literature critically and look for stories that either compare to their own lives and developments or choose books that provide insight into completely different aspects of life aiming at “finding themselves and their places in society” (*ibid.* 12). With regard to level 5 of literary appreciation, young adults intend to “go beyond their ego-centrism and look at the larger circle of society” (*ibid.* 13). This level is closely related to “intellectual, physical, and emotional development”, since adolescents are confronted with “the responsibility of assessing the world around them and deciding where they fit in” (*ibid.* 13). It is an ideal opportunity to “focus on their own psychological needs in relation to society”, and therefore the contemporary problem novel seems to be the right choice for young adults at this level, as these narratives feature protagonists at the same age (*ibid.* 13).

In order to fulfill these purposes, adolescents read realistic fiction, wish-fulfilling stories, or science fiction (see Nilsen et al. 9). Strikingly, the contemporary problem novel as well as social issues fiction can be found among the literary material that is commonly read by this age group. Although nearly all novels include a specific problem in order to create suspension, what is generally considered a “problem novel” comprises problems that are “severe enough to be the main feature of the story” (*ibid.* 112). Such severe problems include health problems, physical and sexual abuse, incest, suicide, and mental disease (see *ibid.* 124-125). As trauma, or to be more precise, post-traumatic stress disorder can be caused by these issues and is considered a mental illness, I argue that young adult narratives dealing with trauma can be classified as problem novels as well.

Furthermore, it is not entirely surprising that some parents feel that problem novels are too brutal or unsettling to be read by teenagers and they in fact wish for more cheerful stories for teens and young adults (see Gurdon). However, as Nilsen et al. point out, “the problem novel [...] is based on the philosophy that young people will have a better chance to be happy if they have realistic expectations and if they know both the bad and the good about the society in

which they live” (115). Hence, an undeniable prerequisite to create realistic expectations is the truthful portrayal of these issues in literature. As concerns the representation of trauma in literature, this often proves to be a major challenge for authors. However, there are several literary techniques employed by novelists in order to depict trauma veraciously.

3. TRAUMA FICTION

In her introduction to *Trauma Fiction*, Anne Whitehead designates the term “trauma fiction” as contradictory and paradox and therefore she initially calls to question how trauma can be narrated in fiction, “if trauma comprises an event or experience which overwhelms the individual and resists language or representation” (3). Writers of trauma narratives commonly attempt to solve this paradox of traumatic representation “by mimicking its forms and symptoms, so that temporality and chronology collapse, and narratives are characterised by repetition and indirection” (ibid. 3). Therefore, narrations of trauma are in accordance with the theoretical framework of trauma and include certain literary devices to indicate its underlying mechanisms. In addition, the stylistic techniques used in trauma fiction frequently resemble those of postmodern and postcolonial writings in terms of their self-consciousness as “modes of reflection and critique” (ibid. 3).

Furthermore, Granofsky compares the trauma novel with dystopian fiction and its deployment of realism, magic realism and, specifically, black humor as “a well-defined and generally recognized mode of fictional response to trauma” (4-5). For him, however, the difference between dystopian writing and the trauma novel is that “the trauma novelist uses symbolism as the primary technique” rather than realism (ibid. 5). The reason for symbolic representation is that trauma often refuses to be understood by its victims:

The literary symbol in the trauma novel facilitates a removal from unpleasant actuality by use of distance and selection. While human memory achieves distance temporally, the symbol in fiction achieves it spatially by imposing itself between the reader and the thing symbolized. Selection is achieved in the mind by the very nature of the faculty of memory, which is capable of expunging painful experiences from consciousness. Similarly, the symbol’s analogical mechanism, by which correspondent aspects of two or more otherwise distinct phenomena are linked, allows only certain selected aspects of the fictional experience to come to the foreground of the text. In this way, literary symbolism allows for a “safe” confrontation with a traumatic experience. (ibid. 6-7)

Accordingly, symbolic language is used to reflect the processes of a trauma victim’s memory and the incapability to make meaning out of it. On the one hand, memories of the traumatic

event are fragmented and only parts of it surface the victim's mind. On the other hand, the mind can be seen as establishing a defense mechanism by refusing memories that cannot be dealt with. Therefore, there are only certain aspects that can become conscious, however, in a distorted way and this is realized by symbolic representation in the trauma novel.

Moreover, Whitehead identifies recurring "key stylistic features" of trauma fiction, namely "intertextuality, repetition and a dispersed or fragmented narrative voice" (84). These narrative techniques are applied in order to "mirror at a formal level the effects of trauma" (ibid. 84).

Concerning intertextuality, this device includes, in accordance with Barthes, "citations, references, echoes" and many more that are supposed to reflect "the act of memory" (qtd. in Whitehead 85). Therefore, intertextuality can be seen as "the surfacing to consciousness of forgotten and repressed memories" (ibid. 85). Another function of intertextuality in trauma narratives is to "evoke a literary precedent which threatens to determine or influence the actions of a character in the present. The protagonist seems bound to replay the past and to repeat the downfall of another, suggesting that he is no longer in control of his own actions" (ibid. 85). In addition, Whitehead suggests that the inclusion of intertextual references into narratives of trauma serves a similar purpose as in postcolonial literature, namely, "to allow formerly silenced voices to tell their own story" (90).

Furthermore, repetition as a key characteristic of trauma fiction "can act at the levels of language, imagery or plot" (Whitehead 86). In this respect, words, phrases, passages and images might be repeated and certain events recur throughout the trauma novel. Whitehead notes that repetitions are devoted in order to reflect the impacts of trauma: "Repetition mimics the effects of trauma, for it suggests the insistent return to the event and the disruption of narrative chronology or progression" (86). Thus, recurrence of certain aspects of the traumatic event in literature serves to resemble the return of the trauma as it is observed among trauma victims in actual reality.

In brief, fragmentation, symbolism, intertextuality and repetition seem to be appropriate literary devices to reflect the mechanisms of trauma. The choice of devices, yet, is dependent on the underlying principles of trauma. Therefore, the foundations of trauma theory can be regarded main components of realistic representation in trauma fiction.

4. TRAUMA THEORY

Since the term *trauma* is not only used by psychologists and medical practitioners, but is frequently adopted by non-experts, it remains an ambiguous concept. In order to provide an understanding of the notion *trauma* and how it is applied in clinical psychology, the subsequent chapter aims at defining the terms trauma, post-traumatic stress disorder and, moreover, offers an attempt to expose the sources of trauma as well as its underlying circumstances.

4.1. Defining Trauma

The term *trauma* derives from Greek τραύμα, originally meaning *wound* and initially referred to physical injury only (see Luckhurst 2). These days, however, experts in the fields of medicine and psychology extend its definition from bodily to psychic wounds, i.e. wounds “inflicted not upon the body but upon the mind” (Caruth, *Unclaimed Experience* 3). Thus, it needs to be distinguished between medical and psychological trauma.

As for psychological trauma, the term is frequently used to describe both an overwhelming experience as well as the consequences of such an experience. Nevertheless, *trauma*, in the proper sense, merely refers to the experience and not the reactions to it (see Briere and Scott 3). According to McCann and Pearlman psychological trauma comprises the following three factors: “An experience is traumatic if it (1) is sudden, unexpected or non-normative, (2) exceeds the individuals’ perceived ability to meet its demands, and (3) disrupts the individual’s frame of reference and other psychological needs and related schemas” (10).

Consequently, trauma includes specific qualities that are beyond the range of normative events and it is that inapprehensible that it cannot be processed properly nor can it be included into one’s own referential frame. In fact, traumatic experiences are so unsettling and dazing that coming to terms with them constitutes a major challenge for those affected. However, defining trauma as non-normative can be slightly misleading, as it is by no means a rare occurrence. Herman, for instance, points out that “[t]raumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations of life” (33). Thus, it has to be recognized that trauma is, sadly, experienced by a large number of people every day and it is only anomalous in the sense that it puts extraordinary demands on the human’s ability to process it.

Moreover, such anomalous events can also be referred to as “stressor events”. Stressor events imply “actual or threatened death or serious injury, or a physical threat to the physical integrity of the self” (Luckhurst 1). Apart from war experiences, these include disasters either natural or human-induced, grave accidents, terrorism, rape, and similar calamities (see ICD-10 120). Briere and Scott provide a more specific list of major types of trauma and describe them in explicit detail (see *ibid.* 4-10). The list comprises natural disasters, such as hurricanes, floods and earthquakes, and man-made disasters, including war and mass interpersonal violence, i.e. terrorist attacks, or large-scale transportation accidents, such as airplane crashes or train wrecks, which usually affect a large number of people (see *ibid.* 5-6). In addition, they mention several traumatic incidents that involve fewer people, in some cases merely a single individual. Among these one can find domestic fires, motor vehicle accidents, rape and sexual infringement, child assault, torture and domestic abuse (see *ibid.* 6-9). Unfortunately, some people experience more than one trauma in their lives, which is referred to by Briere and Scott as “combined or cumulative trauma” (10).

Considering the varying number of people involved in a traumatic event, it can be differentiated between collective and individual trauma, which was initially realized by Kai Erikson:

By individual trauma I mean a blow to the psyche that breaks through one’s defenses so suddenly and with such brutal force that one cannot react to it effectively [...]. By collective trauma, on the other hand, I mean a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of a communality. The collective trauma works slowly and even insidiously into the awareness of those who suffer from it, so it does not have the quality of suddenness normally associated with “trauma”. But it is a form of shock all the same [...]. (quod. in Alexander 4)

There seems to be a difference in how individual and collective traumas are experienced at the onset. Although trauma constitutes an emotional state of shock in both cases, the impact appears to be more immediate and sudden in an isolated incident as it is the case with collective trauma, which develops and settles itself gradually.

Another way of categorizing trauma is the differentiation between single-blow and repeated trauma. Single-blow trauma includes events that occur once in a specific period of time. For instance, earthquakes, volcanic outbursts, hurricanes and other natural disasters fall into that category (see Allen 5-6). Also technological disasters can be classified as single-blow traumas. These include airplane crashes, dam failures and nuclear reactor accidents (see Allen 6). As concerns violent crimes, they can either involve single-blow or repeated trauma. Among these,

one can find aggravated battery, rape, robbery and homicide. However, it is probable that these incidents can befall the same person repeatedly, which can lead to the accumulation of traumatic impact (see Allen 6). With reference to repeated trauma, Allen indicates that “the traumatic experiences that result in the most serious psychiatric disorders are prolonged and repeated, sometimes extending over years” (6).

Furthermore, trauma does not merely affect those who are directly victimized by life-threatening situations but also befalls witnesses and surviving dependents. In general, trauma concerns those who are exposed to stressor events in at least one of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). (DSM-V 271)

Therefore, trauma can have a severe impact not only on those who are personally involved, but also affects those who are indirectly concerned with the aftermath of traumatic events. Luckhurst refers to those as ‘secondary’ victims, who are “witnesses, bystanders, rescue workers, relatives caught up in the immediate aftermath” and those who learn from “the death or injury of relative” (1).

All these traumata can have lasting effects on the psyche. Allen emphasizes the fact that “persons who have been traumatized are responding in ways that are natural and understandable, given their previous experience” (4). In the end, these natural responses to trauma can manifest themselves in certain psychological and physiological reactions that are symptomatic of post-traumatic stress disorder.

4.2. Post-Traumatic Stress Disorder

In general, the history of trauma etiology can be arranged into three periods in which “trauma has surfaced into public consciousness” (Herman 9). Over a single century, the very same syndrome has changed its label from *hysteria* through *combat stress* or *war neurosis* culminating in the notion of *post-traumatic stress disorder*.

Mental disorder as a consequence of trauma was first investigated in the late 19th century by Jean Martin Charcot, a mentor of Sigmund Freud, who studied hysterical symptoms in women at the Salpêtrière in Paris (see Ringel 1). These symptoms were “characterized by sudden paralysis, amnesia, sensory loss, and convulsions” and, for the first time, they were associated with psychological rather than physical causes (ibid. 1). Charcot’s work was continued and redefined by his student Janet and had a considerable influence on Freud. Finally, both identified psychological trauma as the underlying cause of hysterical reactions and concluded “that unbearable reactions to traumatic experiences produced an altered state of consciousness” (ibid. 2). However, Freud ultimately was convinced that “it was not memories of external trauma that caused hysterical symptoms but rather the unacceptable nature of sexual and aggressive wishes” and therefore he continued to develop his “conflict theory” (ibid. 2). Similar reactions to distressing experiences could be found later on among soldiers who served in the First and Second World Wars. Hence, what was initially labelled “shell shock or combat neurosis” was studied more carefully (see Herman 9). Herman notes that the shell shock syndrome strikingly resembled the syndromes of hysteria:

Confined and rendered helpless, subjected to constant threat of annihilation, and forced to witness the mutilation and death of their comrades without any hope of reprieve, many soldiers began to act like hysterical women. They screamed and wept uncontrollably. They froze and could not move. They became mute and unresponsive. They lost their memory and capacity to feel. (20)

Those concerned with traumatic events obtained medical and psychological treatment and consequently, successful trauma intervention programs were established (see Ringel 2-3).

Moreover, the Vietnam War can be considered an impetus that led to the reconsideration of trauma and its consequences. Those who returned from war were ascribed certain “incapacitating symptoms that often developed into chronic problems affecting their capacity to cope with, and function in, civilian life” (Ringel 4). These problems include alcohol and drug abuse, violent behavior and even homelessness and unemployment (see ibid. 4).

Finally, in 1980, this recurrent focus on trauma manifested itself in the official acknowledgement of *post-traumatic stress disorder* (PTSD) by the American Psychiatric Association (see Caruth, “Trauma and Experience” 3). Since then, PTSD as well as a catalogue of symptoms, which were formerly ascribed to syndromes such as “shell shock, combat stress, delayed stress syndrome, and traumatic neurosis”, can be found among diagnostic instruments that are used by specialists to assign mental disorders (see ibid. 3).

With reference to diagnostic tools, the ICD-10, for instance, classifies PTSD as “a delayed and/or protracted response to a stressful event or situation (either short- or long-lasting) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone” (120). It is thus the *response* to the harrowing experience that is the focal point of diagnosis. Those who are involved in extremely distressing events are likely to exhibit specific symptoms in terms of “certain identifiable somatic and psycho-somatic disturbances” (Luckhurst 1). Even though the victims’ responses to trauma might be disturbing, “they are considered to be normal responses to abnormal events” since they can be seen as an adjustment mechanism that “originally evolved to assist the individual to recognize and avoid other dangerous situations” (van der Merwe and Vienings 347-248).

Luckhurst (1) and Herman (35) note that there are three different sets or “clusters” of symptoms that indicate PTSD. However, the most recent version of the Diagnostic and Statistical Manual of Mental Disorders provides a catalogue of symptoms that can be divided into four categories, namely “intrusion symptoms”, “avoidance of stimuli”, “negative alterations in cognition and mood” as well as “alterations in arousal and reactivity” (DSM-V 271-272).

4.2.1. Intrusion Symptoms

The first range of symptoms may appear in the form of intrusive memories, nightmares, flashbacks associated with the trauma, or “later situations that repeat or echo the original” (Luckhurst 1). These recurrences can occur soon after the traumatic event. Allen points out that the “*intrusion of the past into the present* is one of the main problems confronting persons who have developed psychological symptoms and psychiatric disorders as a consequence of traumatic experience” (4). Especially intrusive memories “are easily stimulated” and “can be evoked unconsciously, in a fraction of a second” whereas flashbacks are “the most vivid form of re-experiencing” (ibid. 174).

Moreover, in her introduction to *Trauma: Explorations in Memory*, Caruth discusses responses to trauma and especially focusses on these intrusive aspects of post-traumatic stress:

[T]he pathology cannot be defined either by the event itself – which may or may not be catastrophic, and may not traumatize everyone equally – nor can it be defined in terms of a *distortion* of the event, achieving its haunting power as a result of distorting personal significances attached to it. The pathology consists, rather, solely in the *structure of its experience* or reception: the event is not assimilated or experienced fully at the time, but only belatedly in its repeated *possession* of the one who experiences it. To be

traumatized is precisely to be possessed by an image or event. (Caruth, "Trauma and Experience" 4-5)

Hence, intrusive memories are characterized by literality and truth. They are neither distortions from reality nor symbolic representations but true images of the traumatic event that returns insistently, however, delayed, and therefore cannot be completely understood as the event occurs (see *ibid.* 5). Therefore, trauma victims often feel uncertain about the truth that resides in flashbacks, hallucinations and other traumatic recollections. However, this lack of knowledge about the trauma has to be distinguished from amnesia, because "the event returns [...] insistently against [the survivor's] will" (*ibid.* 6). As trauma is not a simple memory, it seems to be rather contradictory: "while the images of traumatic reenactment remain absolutely accurate and precise, they are largely inaccessible to conscious recall and control" (*ibid.* 151).

Nevertheless, the victim's disbelief created by traumatic intrusions does not either stem from inaccessibility of the event, since it can be indeed accessed through intrusive memories. It is rather the event's "very overwhelming immediacy that produces its belated uncertainty" (Caruth, "Trauma and Experience" 6). The immediate nature of traumatic events prevents the victim from fully grasping what is happening at the time trauma occurs. Thus, trauma is also characterized by the "inability fully to witness the event as it occurs", leaving a gap in memory and leading to a "collapse of understanding" (*ibid.* 7).

Furthermore, van der Kolk and van der Hart revise earlier studies of Janet and Freud and combine them with more recent insights into the research area. Reciting the core of Freud's studies, van der Kolk and van der Hart especially focus on his claims about "repression" and "dissociation" in relation to traumatic memories (168). Whereas repression refers to the active displacement of memory into the unconscious mind, the process of dissociation is a passive one and impairs conscious memory (*ibid.* 168).

Interestingly enough, the main findings of Janet concern the coinage of the term "subconscious", referring to the capability to automatically store memories to create mental schemata that facilitate the interplay between the individual and its surroundings (see van der Kolk and van der Hart 159-160). Thereby the degree of familiarity of an experience determines how easily it can be processed and "integrated into existing mental structures" (*ibid.* 160). This differentiation plays a major role in explaining the effects of traumatic memory: "familiar and expectable experiences are automatically assimilated without much conscious awareness of the details of the particulars, while frightening or novel experiences may not easily fit into existing

cognitive schemes and either may be remembered with particular vividness or may totally resist integration” (ibid. 160). Extremely terrifying experiences then may not be available to consciousness under ordinary circumstances and therefore become dissociated, which leads to a belated and fragmented recollection (see ibid. 160). In sum, what characterizes “traumatic memory” in contrast to ordinary narrative memory is that it is neither adaptive nor connected with earlier experiences, it is not flexible and variable like normal memories, it is incomprehensible as there is no meaning attached to it and it “occurs automatically in situations which are reminiscent of the original traumatic situations” (ibid. 163).

Referring to Janet’s cognitive schemes, schemata as well as categories are still regarded important functionaries of the human brain for integrating new data. According to neuroscientific theories, memories are complexly connected clusters of neurons (van der Kolk and van der Hart 169). These clusters constitute a network of schemata and categories that contain similar or related information and, therefore, seek to integrate new information into existing schemata. However, traumatic situations “can be so overwhelming that they cannot be integrated into existing mental frameworks and, instead, are dissociated, later to return intrusively as fragmented sensory or motoric experiences” (ibid. 176).

By consolidating Freud’s theory about repressed or dissociated memories and Janet’s assumptions about the subconscious traumatic recollections with neurological findings on how memories work, van der Kolk and van der Hart conclude that integration of trauma constitutes a key factor in dissolving it:

Traumatic memories are the unassimilated scraps of overwhelming experiences, which need to be integrated with existing mental schemes, and be transformed into narrative language. [...] In the case of complete recovery the person does not suffer anymore from the reappearance of traumatic memories in the form of flashbacks, behavioral reenactments, and so on. Instead the story can be told, the person can look back at what happened; he has given it a place in his life history, his autobiography, and thereby in the whole of his personality. (176)

Therefore, assimilation and integration play a major role in coping with trauma. Only after trauma victims have managed to integrate trauma into their personal frame of reference, they are able to cope.

Furthermore, flashbacks seem to be special cases of intrusive memories which are characterized by their unusual intensity. Allen explains that during a flashback the individual lives through the traumatic situation again, while contact to actual reality is lost (see ibid. 91). The victim

“may feel the original emotion in full force, even reaching the level of terror or rage” (ibid. 91). Additionally, flashbacks are described by Caruth as involuntary reenactments of the trauma:

The flashback, it seems, provides a form of recall that survives at the cost of willed memory or of the very continuity of conscious thought. While the traumatized are called upon to see and to relive the insistent reality of the past, they recover a past that encounters consciousness only through the very denial of active recollection. (Caruth, “Trauma and Experience” 152)

Thus, flashbacks, just as other intrusive memories, are involuntarily evoked. Nevertheless, they are perceived more intensely and involve loss of reality.

Finally, traumatic nightmares constitute a further form of intrusive recollections. As concerns nightmares, Caruth refers to Freud’s essay *Beyond the Pleasure Principle* in which he argues that most human actions are driven by sexual wishes (see Caruth, “Trauma and Experience” 152). According to Freud, dreams represent unconscious, repressed or denied sexual wishes that can be solely acted out through dreaming (see ibid. 152). Thus, the traumatic nightmare, as it is also recognized by Freud, seems to be challenging this theory as it is pointed out by Caruth: “The traumatic nightmare, undistorted by repression or unconscious wish, seems to point directly to an event, and yet, as Freud suggests, it occupies a space to which willed access is denied” (ibid. 152). Therefore, Freud’s assumptions about the dream seem to be at least partly applicable to traumatic nightmares. Although traumatic nightmares are not to be associated with repressed wishes, they are, however, unconscious recollections that surface consciousness while dreaming.

4.2.2. Avoidance of Stimuli

As for the second set of symptoms, Luckhurst indicates that these seem to be entirely contrary to the first cluster (1). A person might avoid, or at least try to avert stimuli that are reminiscent of the traumatic event, such as convulsive memories, thoughts, and emotions related to the traumatic experience (see DSM-V 271). However, not only internal intrusive reminders are avoided but also external stimuli. These include people, places, objects, activities and conversations that are linked with the trauma or other stimuli that recall distressing memories and feelings. At worst, avoidance can lead to a “general sense of emotional numbing” (Luckhurst 1).

Allen explains this reaction as a consequence of the mind's endeavor to "shut off the overwhelming situation" (178). Avoidance of anything that might recall the trauma can protect a victim from anxiety states and panic attacks. If this condition is yet a long-lasting one, it can have a highly constraining effect on one's life. For instance, if a person is traumatized by others, avoidance of "contact with others can trigger anxiety and intrusive experiences" (ibid. 179). On that account, the person "may be afraid to establish close relationships, because the prospect of rejection and abandonment can also be a source of stress that rekindles traumatic memories" (ibid. 179). As a result, the person might refrain from interacting with others and hence, is left socially isolated. In addition to social isolation, another problem that arises from avoidance behavior is substance abuse (see ibid. 179). Alcohol, drugs and medication are ways of escaping from actual reality and therefore, might be ingested in order to avoid the traumatic reality. Besides, they can shield from inconvenient emotions, such as fear and resentment as they "have the effect of blunting arousal" (ibid. 179).

Furthermore, avoidance of unpleasant feelings can culminate in a state of complete emotional numbing. Allen explains this state as a consequence of the survivor's "ability to block off traumatic experience by altering their state of consciousness" (179). At this point, individuals manage to distance themselves from undesirable emotions. Such a lack of sensation in connection with "diminished interest in significant activities" as a consequence of "prolonged stress" is also found among depressive illnesses (ibid. 180). Therefore, Allen concludes that "it is hardly surprising that depression would become prominent in a syndrome that entails pervasive avoidance, isolation, and pleasurelessness" (180).

4.2.3. Negative Alterations in Cognition and Mood

Referring to the third set of symptoms, those affected by PTSD may feature alarming cognitive changes. These changes can affect the ability to remember aspects of the traumatic experience and can lead to a negative emotional condition. Negative emotional states contain "exaggerated negative beliefs or expectations about oneself, others and the world" and implicate other adverse feelings such as anxiety, horror, guilt or resentment (DSM-V 272). Cognitive changes can also have an effect on a person's sense of self-worth. This can manifest itself in a "markedly diminished interest or participation in significant activities", "[f]eelings of detachment or estrangement from others" and a general "inability to experience positive emotions" (ibid. 272).

As concerns negative emotions, there is a large spectrum of adverse feelings involved in PTSD. Allen, for instance, discusses a variety of emotions and arranges them into four main categories. The first category comprises anxiety, fear and panic (see *ibid.* 51-66). Actually, these emotions serve to realize danger instantly and prepare the individual to cope (see *ibid.* 51-52). Prior to the identification of a specific threat, a person feels anxious, being aware that something is wrong. Having identified a definite danger, fear is the response which stimulates action, hence the escape of a dangerous situation. However, if flight is not possible, as it is the case with traumatic experiences, the individual is stuck in a state of physiological arousal (see *ibid.* 52). In extreme cases, the individual might suffer from a panic attack. Allen points out that panic attacks can be triggered by external as well as internal stimuli:

Persons who have been traumatized are liable to have panic attacks, because the terror that was appropriate to the traumatizing situation is set off suddenly, without warning, for reasons that may be not clear. The panic attack may be set off instantaneously and unconsciously by some environmental cue associated with past trauma. A panic attack may also be set off by an *internal* physiological cue (change in heart rate, “butterflies”, shortness of breath), because those physiological sensations were also part of the original traumatic experience. Just as we are reminded of trauma by external events, we are also reminded of trauma by internal sensations. (53)

A further class of emotions involves anger and aggression. Similar to anxiety and fear, anger is a residue of evolution to prepare the organism for subsequent action (see Allen 53). However, in contrast to fear which stimulates the “flight” response, anger induces the “fight” response and the endeavor to attack and defend (see *ibid.* 53). At this point, Allen differentiates between benign anger and destructive aggression. Benign anger can be seen as a source of power to cope, whereas destructive aggression can lead to “vengeful inclinations” (*ibid.* 54-55). On the one hand, many traumatized people behave aggressively in order to regain a feeling of power, whereas on the other hand, such destructive behavior, apart from harming other individuals, can lead to self-hatred and guilt (see *ibid.* 56).

Emotions like guilt or shame, in turn, can be found among the third of Allen’s categories. According to Allen, shame is often accompanied by other negative feelings: “Anything that leads to a negative self-image can trigger the feeling of shame, including feeling weak, dirty, defective, exposed, small, stupid, helpless, out of control, damaged, unloved, and unlovable” (59). In contrast to shame, which refers to “an insult of your self-image”, guilt, on the other hand, “results from actions that bring harm to someone else or that violate your moral codes and ideals” (*ibid.* 60). Although these emotions can be found in the context of various traumas,

Allen stresses that shame and especially guilt are prominent among victims of assault and abuse, as “[t]hey feel responsible for having acted contrary to their values” (60).

So far, all of Allen’s categories comprise emotions that involve high states of arousal. However, depression, which constitutes the last category, is associated with “low arousal, experienced as lethargy, or lack of energy, lack of interest in doing anything, or lack of drive” (ibid. 62). A person who is depressed may feel hopeless, ineffective or powerless and can be seen as “giving up the attempt to cope” (ibid. 62). The two main sources of depression contain loss and failure (see ibid. 63). A common response to loss is grief, which shares many properties with depression in relation to loss: “the individual commonly feels alone, abandoned, deprived, unwanted, and unlovable” (ibid. 63). Similarly, if depression is caused by failure, a person might feel insufficient or incapable. Eventually, both of these causes can diminish an individual’s self-esteem (ibid. 66).

4.2.4. Marked Alterations in Arousal and Reactivity

The last category of symptoms comprises distinct “alterations in arousal and reactivity associated with traumatic event(s)” that usually begin or start to worsen after traumatic experiences (DSM-V 272). Those affected by this set of symptoms reveal to be easily irritated and happen to have “angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects” (ibid. 272). Other indicators of altered responsiveness are recklessness, self-destruction, hypervigilance, or, conversely, decrease in concentration. “Exaggerated startle response” as well as sleep problems such as difficulties to stay awake, fall asleep or “restless sleep” are equally frequent in people suffering from PTSD (ibid. 272).

According to Herman, hyperarousal can be seen as a result of “persistent expectation of danger” (35). Since trauma is such an overwhelming experience that involves an enormous amount of (at least perceived) danger and harm, it is not surprising that the human organism responds on high alert. As a consequence, “[p]hysiological arousal continues unabated” in apprehension that the danger earlier perceived might return (ibid. 35). Due to this high attentiveness, the individual is already sensitive to weak stimuli, and in turn, easily irritable and vigilant, which can lead to an unusually high startle response and even poor sleep (ibid. 35).

Furthermore, the duration and intensity of a trauma experienced by the victim has an impact on physiological as well as psychological arousal. On that account, Allen provides an example in order to illustrate why people who have suffered from prolonged or repeated trauma react the way they do:

Consider what it means for a person to be “sensitive”, or “hypersensitive”. He or she reacts strongly and emotionally to a minor provocation, such as by taking great offense at a minor slight. With so many previous provocations, the latest seems like the “last straw”. Earlier experience has *sensitized* the person. So is it with nervous systems. Our neurons can become sensitized. Severe stress can have a long-lasting effect on your nervous system to the extent that you are hyperresponsive to stress and chronically aroused. (173)

Through this permanent arousal, people might feel tense, anxious and irritated, and, moreover “may react to a relatively minor stress with extreme anxiety, fear or rage” (ibid. 173).

4.3. Coping with Trauma

PTSD can have a highly restraining effect as it “overwhelms the individual’s coping resources, making it difficult for him or her to function effectively in society” (Van der Merwe and Vienings 343). These difficulties occur because the individual is “rendered powerless” and perceives himself or herself in extreme danger (ibid. 343). Also Herman sees disempowerment as a main impact of trauma alongside with “disconnection from others” (133). Therefore, recovery from trauma “is based upon the empowerment of the survivor and the creation of new connections” (ibid. 133). The victim has to resolve his trauma and establish accustomed routines and relationships to refrain from being governed by the traumatic experience. However, since trauma is an extraordinary life event that leads to disruption in memory, cognition and behavior, it proves to be a tedious and challenging process to integrate trauma into one’s own life. Another aspect of recovery is that “[c]oping entails separating the past from the present and gaining control over both the painful emotions and the self-protective defenses erected against them” (Allen 5).

In “Trauma and Recovery” Herman writes about the antecedents and effects of post-traumatic stress disorder. One of two parts is devoted to the stages of recovery from trauma which are presented in explicit detail. As her work is intended to inform psychological intervention she describes several case studies. However, for the sake of relevance, only the main issues of her studies will be illustrated.

Herman recites three stages that are reminiscent of Pierre Janet's work on hysteria (see Herman 156). These stages include the establishment of safety, the processes of remembrance and mourning, and finally, reconnection with others. Specified therein are factors that are inevitable in coping with trauma. First of all, the most significant factor in recovery seems to be the reestablishment of connections with others:

Recovery can take place only within the context of relationships; it cannot occur in isolation. In her renewed connections with other people, the survivor re-creates the psychological faculties that were damaged or deformed by the traumatic experience. These faculties include the basic capacities for trust, autonomy, initiative, competence, identity, and intimacy. Just as these capabilities are originally formed in relationships with other people, they must be reformed in such relationships. (Herman 133)

According to Herman, an important relationship lies in the conversation between therapist and patient (see *ibid.* 133). Nonetheless, one of the highest percepts in psychotherapeutic intervention is the empowerment of the client. This means that both parties involved in a therapeutic session have to work in conjunction with each other because “[n]o intervention that takes power away from the survivor can possibly foster her recovery [...]” (*ibid.* 133). Therefore, in order to empower the patient, “the survivor should still be consulted about her wishes and offered as much choice as is compatible with the preservation of safety” (*ibid.* 134). Thus, before trauma victims can enter the healing process, they need to regain their power and autonomy, and for that reason they have to experience themselves as self-effective in their process of recovery. After reestablishing contact with other people, the victim is enabled to traverse the stages of actual recovery.

The first stage in this process is to establish safety (Herman 155). To obtain safety, it is necessary to reestablish control, starting with attaining control of the self and successively regaining control of the environment (*ibid.* 160). In the first place, the victim has to restore daily routines such as sleeping and eating. Afterwards a safe place to live needs to be established that is reinforced by personal social connections. Only after the individual feels comfortable with herself and with her environment, she may leave the habitual environment and resume every day activities such as going to work or shopping (see *ibid.* 162). Herman asserts that “a rudimentary sense of safety can generally be restored within a matter of weeks if adequate social support is available” (165).

At the second of Herman's stages, the victim is able to reconstruct his story of trauma in full detail (see Herman 176). He is encouraged to talk about his life prior to trauma, the conditions that caused the traumatic incident, its meaning and how it affects his own wellbeing and the life

of others (see *ibid.* 176-177). Through revising the traumatic story, the survivor descends into mourning his traumatic loss but is simultaneously, for the first time, enabled to work through his grief (see *ibid.* 188). Although Herman acknowledges that completing the stage of reconstruction is not entirely possible, the survivor can be seen as having accomplished his goal “when the patient reclaims her own history and feels renewed hope and energy for engagement with life” (*ibid.* 195).

The main tasks of the third stage are the development of a new self, new relationships and an enduring faith (see Herman 196). At this stage people are able to accept themselves and their fate and may start to create a new identity (see *ibid.* 202). Reconciling with oneself is also supportive in building confidence in others, which in turn allows for the refoundation of relationships (see *ibid.* 205). A promising sign of having resolved the trauma is the survivor’s ability to enjoy life together with loved ones (see *ibid.* 212). In the end, the survivor “has become more interested in the present and the future than in the past, more apt to approach the world with praise and awe than with fear” (*ibid.* 212).

Furthermore, also van der Merwe and Vienings subdivide the coping process into three phases, referred to as “Impact Phase”, “Recoil Phase” and “Integration Phase” (346-349). These phases are characterized by the victims’ concrete emotional state.

Firstly, the Impact Phase is identified by its time of occurrence and duration as it can “last from a few seconds up to two or three days after the traumatic incident” (van der Merwe and Vienings 346). During this time the victim exhibits emotional numbness, disorientation, confusion, irrationality and disorganization (see *ibid.* 346). These reactions are related to a “state of shock” in which the individual “may not be entirely aware of the reality of what has happened” (*ibid.* 346). At this point, people might react in a variety of ways. Some are highly emotional and express their feelings in incessant crying and shouting, whereas others seem to be entirely apathetic (see *ibid.* 346). However, this must not be interpreted as a sign of indifference but as an integral part of the coping process. People in this phase “may seek reassurance and direction”, are “usually temporarily helpless”, and “their low level of functioning can be compared to that of a very young child” (*ibid.* 346).

Secondly, people in the Recoil Phase, gradually start realizing the consequence of their trauma and are likely to show emotions such as “anger, sadness, and guilt” (van der Merwe and Vienings 346). By the time the victim reaches this phase, various symptoms of PTSD start to evolve and therefore, experts recommend to begin treatment henceforward (see *ibid.* 346). Van

der Merwe and Vienings suggest “critical incident debriefing” as an intervention program in which “victims are encouraged to share their stories with other members of the group and in that way go through a process of reframing and releasing the trauma” (347). They mention three component units that are supposed to support the victims in coping with their trauma. Primarily, the victim receives an opportunity to verbalize his or her fright and discusses it with others in order to render it “less fearsome and less out of control” (ibid. 347). Next, “the victim’s perceptions of his or her role in the event” is being reframed, meaning that possible feelings of guilt get eliminated or at least lessened, by clarifying that the victim is not to blame for what has happened and that “it was something out of their control” (ibid. 347). The victim needs to comprehend that the trauma cannot be reasonably or logically explained (see ibid. 347). Afterwards, coping mechanisms need to be developed and sustained as the individual will experience powerlessness and inability to meet the challenges of everyday life (see ibid. 347). Thus, they need to establish coping strategies to deal successfully with daily routines.

Eventually, in the Integration Phase, as its name implies, the victim is able to integrate the trauma into his or her personal history and finally is “able to live with the trauma as a memory that is not overwhelming” (van der Merwe and Vienings 347). In this phase, the victims manage to come to terms with the past and can lead a normal life, returning to “their previous level of functioning and experience themselves as intact” (ibid. 347). Even though traumatized people may be changed and emotionally scarred, they “learn to live with the experience in a functional way” and “may be able to draw new strengths and insights as a result of having coped with the trauma.” (ibid. 347).

By comparing these two frameworks, the main components of coping with trauma can be summarized as follows. The beginning of trauma management is characterized by a broad range of emotions, governed by the feelings of powerlessness, helplessness and a lack of safety. Next to these sentiments, other symptoms for PTSD evolve as soon as the impact of trauma is realized. At this point, actual trauma work can be initiated by reestablishing supportive relationships and daily routines, which leads to the recovery of safety. Having reconstructed a secure base, trauma victims are enabled to verbalize their trauma and reproduce it in narrative form in order to understand the whole impact of the event, make meaning out of the experience and dissolve feelings of guilt. Eventually, survivors are able to accept the past and integrate their trauma as an episode of life history from which they regain new confidence in themselves, others and the future.

5. REPRESENTATIONS OF TRAUMA IN YOUNG ADULT LITERATURE

Considering the theories about trauma and trauma fiction, the following analysis deals with the representation of these concepts in fiction written for an adolescent audience. In specific, the analysis focusses on the inclusion of thematic content, i.e. on how the individual characters' traumas emerge, which types of symptoms of PTSD they reveal, and how they experience their process of healing. Furthermore, it will be illustrated which literary devices are used in order to reflect the character's trauma stylistically and which effects these techniques can have on the addressees' reading experience.

5.1. Cumulative Trauma and Guilt in Stephen Chbosky's *The Perks of Being a Wallflower*

The story of the protagonist Charlie in Stephen Chbosky's novel is presented as a one-sided correspondence to an anonymous addressee. From the onset, these letters are his only medium to communicate his fears and desires, since there is no one for him to turn to. Right at the beginning of the story, the reader learns that the main character's best friend Michael recently committed suicide, whereupon Charlie secludes himself and refrains from establishing contact with other people. Although Charlie starts out to rather openly tell about Michael's death, which leads the reader to believe that this incident had initiated his trauma, he is unaware that he had been previously traumatized through repeated sexual assaults by his aunt. Building upon this primary trauma, Charlie experienced further disconcerting incidents, which, partly unconsciously, bother him. Therefore, Charlie's trauma is to be considered a cumulative one, and furthermore, it is a prolonged and repeated trauma as these events started early in his life and occurred repeatedly over a long period of time. As a consequence, Charlie heavily suffers from PTSD and exhibits a range of symptoms indicating the disorder.

5.1.1. Symptomatic Manifestations

Intrusive memories and intense re-experiencing of relevant events that add to Charlie's trauma are represented as flashbacks in literary respect. In his narration he mentally revisits several traumatic moments of his life. These are passages where Charlie interrupts his writing about recent events to tell about his past and thereby disturbing memories are revealed. Especially the neutral and emotionless tone Charlie uses to recount these memories renders their content even more unsettling.

For instance, Charlie is both directly and indirectly confronted with sexual assault at a very young age. One specific memory is triggered by a conversation about first experiences at parties. The protagonist enthusiastically talks about a gathering at his own house, hosted by his older siblings. At that time Charlie was urged to stay in his room, however he was not abiding there alone for a long time, as suddenly a young couple entered who, in awareness of Charlie's presence, started having sexual intercourse:

After a few minutes, the boy pushed the girl's head down, and she started to kiss his penis. She was still crying. Finally, she stopped crying because she put his penis in her mouth, and I don't think you can cry in that position. I had to stop watching at that point because I started to feel sick, but it kept going on, and they kept doing other things, and she kept saying "no". Even when I covered my ears, I could still hear her say that. [...] I thought about it quiet for a long time, then I looked over to Sam. "He raped her, didn't he?" She just nodded. I couldn't tell if she was sad or just knew more things than me. (Chbosky 33-35)

One can notice, that at the beginning of his narrative Charlie is emotionally distant, telling the whole scene from an innocent child's perspective. The passage nevertheless shows that, back then, the protagonist was far too immature to understand what was going on but finally realized what had happened by recounting the event.

In the middle of Charlie's narrative, he experiences traumatic flashbacks before passing out in the snow on a winter's day. In these flashbacks, various fragmented memories of objects and people that remind him of his trauma are suddenly aroused: "my mind played hopscotch. My brother... football... Brad... Dave and his girlfriend in my room... the coats... the cold... the winter... "Autumn Leaves"... don't tell anyone... you pervert... Sam and Craig... Sam... Christmas... typewriter... gift... Aunt Helen... and the trees kept moving... so I laid down and made a snow angel" (Chbosky 105). After that scene he wakes up in a hospital room and states that he cannot remember much more about this evening. As suggested by Allen, this loss of reality is rather typical of flashbacks related with PTSD (see *ibid.* 91).

Throughout the novel, other memories about his aunt and also his best friend Michael are recollected by Charlie, which are more or less happy. However, towards the ending, when he is about to have sex with the girl he loves for the first time, a dreadful memory he had repressed for a long time finally begins to resurface in his mind:

She took my hand and slid it under her pants. And I touched her. And I just couldn't believe it. It was like everything made sense. Until she moved my hand under my pants and touched me. That's when I stopped her. "What's wrong?" she asked. "Did that

hurt?" I shook my head. It felt good actually. I didn't know what was wrong. (Chbosky 217)

On account of this, Charlie feels increasingly bad, he is starting to "get really upset", then "terrible", and eventually, he utters: "I felt like I wanted to die." (Chbosky 217-218). At first the reader is kept in a state of uncertainty about the source of Charlie's panicking, and so is Charlie himself puzzled about what stirred up these unbearable feelings, in particular as this is the moment he was eagerly waiting for. Not until he falls asleep, the sad truth emerges finally in his dreams: "When I fell asleep, I had this dream. My brother and my sister and I were watching television with my Aunt Helen. Everything was in slow motion. The sound was thick. And she was doing what Sam was doing. That's when I woke up. And I didn't know what the hell was going on" (Chbosky 218). After that incident, Charlie writes his last letter after two months and explains that he has been hospitalized since. During his stay at the clinic he finally realizes that his dream is a memory he had repressed for a long time:

The next thing I knew, I was sitting at the doctor's office. And I remembered my Aunt Helen. And I started to cry. And the doctor, who turned out to be a very nice woman, started asking me questions. Which I answered. I don't really want to talk about the questions and the answers. But I kind of figured out that everything I dreamt about my aunt Helen was true. And after a while, I realized that it happened every Saturday when we would watch television (Chbosky 225).

As a consequence of being sexually abused, Charlie feels extremely uncomfortable when it comes to sexual contact, as could be seen above. However, it is not only sexual contact that elicits negative emotions and memories, but everything physical that reminds him of his aunt, which he therefore tries to avoid: "Sam then gave me a hug, and it was strange because my family doesn't hug a lot except my Aunt Helen. But after a few moments, I could smell Sam's perfume, and I could feel her body against me. And I stepped back." (Chbosky 24)

Apart from avoiding situations and activities that are reminiscent of his trauma, Charlie is able to prevent negative emotions by putting his "feelings away somewhere" (Chbosky 143). As a result, Charlie is gradually developing a depression, which is partially characterized by this lack of emotion:

When I lay down in bed that night, I put on the Billie Holiday record, and I started reading the book of e. e. cummings poems. After I read the poem that compares the woman's hands to flowers and rain, I put the book down and went to the window. I stared at my reflection and the trees behind it for a long time. Not thinking anything.

Not feeling anything. Not hearing anything. For hours. Something really is wrong with me. And I don't know what it is. (Chbosky 146-147)

Through his prolonged traumatization, reality becomes unbearable for Charlie. Therefore, he develops a mechanism to dissociate himself from his environment but also from himself, his own feelings and thoughts.

In addition, Charlie is very creative in finding ways to distract himself from his negative thoughts and feelings. For him, doing schoolwork and reading are important activities, and he feels “lucky”, as he says about himself, that he can fully concentrate on them, so he does not “have a lot of time to think” (Chbosky 186). In particular, the days around the 24th of December, Charlie's birthday, are stirring for him, as this was the time his aunt died:

I'm really glad that Christmas and my birthday are soon because that means they will be over soon because I can already feel myself going to a bad place I used to go. After my Aunt Helen was gone, I went to that place. It got so bad that my mom had to take me to a doctor, and I was held back a grade. But now I'm trying not to think about it too much because that makes it worse. (Chbosky 78-79)

So he engages himself eagerly in activities such as shopping, preparing dinner or decorating the house for Christmas (see Chbosky 85). In the evening of his birthday his feelings get unbearably intense so that he locks himself up in his room and starts reading like mad in order to escape actual reality:

I read the book again that night because I knew that if I didn't, I would probably start crying again. The panicky type, I mean. I read until I was completely exhausted and had to go to sleep. In the morning, I finished the book and then started immediately reading it again. Anything to not feel like crying. Because I had that promise to Aunt Helen. And because I don't want to start thinking again. Not like I have this last week. I can't think again. Not ever again. I don't know if you've ever felt like that. That you wanted to sleep for a thousand years. Or just not exist. Or just not be aware that you exist. Or something like that. I think wanting that is very morbid, but I want it when I get like this. That's why I'm trying not to think. I just want it all to stop spinning. If this gets any worse, I might have to go back to the doctor. It's getting that bad again. (Chbosky 100)

As will be discussed in the subsequent section, for Charlie reading is on the one hand a means to identify himself with his peers and find his own place in society, on the other hand, however, as this passage suggests, it is symptomatic, as he exhaustively consumes literature in order to seal himself off from dreadful memories, thoughts and emotions. Since Charlie frequently occupies himself with such activities, it is not surprising, that others consider him to be mentally remote, as if he was “someplace else” (Chbosky 161).

Another way of isolating himself from inconvenient perceptions and escaping reality are Charlie's experiments with alcohol, nicotine and various other narcotics. Through his friends and at parties he gets access to alcoholic beverages, marijuana and LSD (Chbosky 107). At first, Charlie numbs himself by means of drugs when he is in company, but after some time he increases his consumption of drugs and even sedates himself in solitude. One night, he even "started throwing up until the sun came up", ending up in the hospital (see Chbosky 106).

Furthermore, the protagonist not only gains new experiences with alcohol and drugs, but also explores his own sexuality. Nevertheless, situations involving sexual activity elicit feelings of shame among Charlie. Although he tries "not to feel ashamed" when he masturbates, and even seeks ways to relieve his bad conscience, in the end, he is always in discomfort: "One night I felt so guilty that I promised God that I would never do it again. So, I started using blankets, but then the blankets hurt, so I started using pillows, but then the pillows hurt, so I went back to normal" (Chbosky 29). Even when he only dreams about sex, or unintentionally has an erection, he feels guilty (see Chbosky 23, 119). All this points to the assumption, that Charlie has a deteriorated attitude towards anything of sexual nature, which is not least attributable to the fact that he has been repeatedly sexually abused.

Moreover, Charlie's sense of shame is accompanied by feelings of blame and an alarmingly low self-esteem. He feels especially responsible for his aunt's death since she was about to buy birthday presents for Charlie when she was killed in a terrible car accident:

Despite everything my mom and doctor and dad have said to me about blame, I can't stop thinking what I know. And I know that my aunt Helen would still be alive today if she just bought me one present like everybody else. She would be alive if I were born on a day that didn't snow. I would do anything to make this go away. I miss her terribly. I have to stop writing now because I'm too sad. (Chbosky 98)

However, it is not only his aunt's death he blames himself for, but he feels also responsible for his subsequent behavior and the burden he places on others due to his mental illness:

I know that I brought this all on myself. I know that I deserve this. I'd do anything to not be this way. I'd do anything to make it up to everyone. And to not see a psychiatrist, who explains to me about being "passive aggressive". And not to take the medicine he gives me, which is too expensive for my dad. And to not talk about bad memories with him. Or be nostalgic about bad things. (Chbosky 148)

Furthermore, concerning the symptom "marked alterations in arousal and reactivity", Charlie reveals to be easily irritable, which becomes manifest in excessive temper tantrums. His parents

noticed his disposition to aggression very early, when doing sports, and therefore took him out of sports class, when he was still young (see Chbosky 56). Thus, it is not surprising that his anger accumulates when he does not possess any outlet to relieve his tensions, neither in physical activity, nor in open conversations with others. Especially to situations in which he feels that his newly attained security he found in relationships is endangered Charlie responds verbally and even physically aggressive:

I think anyone who knew me might have been frightened or confused. Except maybe my brother. He taught me what to do in these situations. I don't really want to go into detail except to say that by the end of it, Brad and two of his buddies stopped fighting and just stared at me. His other two friends were lying on the ground. One was clutching the knee I bashed in with one of those metal cafeteria chairs. The other one was holding his face. I kind of swiped at his eyes, but not too bad. I didn't want to be too bad. I looked down at the ground and saw Patrick. His face was pretty messed up, and he was crying hard. I helped him to his feet, and then I looked at Brad. I don't think we'd ever really exchanged two words before, but I guess this was the time to start. All I said was, "If you ever do this again, I'll tell everyone. And if that doesn't work, I'll blind you. (Chbosky 163)

As Charlie is usually a gentle and reluctant character, he displays, as he himself freely admits, a rather unusual behavior as concerns his verbal and physical violence. Thus, it can be inferred that these angry outbursts further indicate his suffering from PTSD.

5.1.2. Charlie's Process of Recovery

Since Charlie and his parents are aware of some aspects that constitute his trauma, namely the death of his aunt, as well as his best friend's suicide, he fairly soon receives psychotherapeutical treatment. Likewise in school, he visits guidance counselor sessions with others affected by Michael's death and is treated emphatically by his teachers (see Chbosky 4-5). However, not even Charlie himself knows that his behavior is based upon repressed memories of his aunt's molestation. Therefore, his symptoms seem to worsen over the course of the narration, instead of abating, which is characteristic of the *Recoil Phase* in Van der Merwe and Viening's model (see *ibid.* 346). What truly bothers Charlie is that he cannot understand why these bad incidents occur and therefore preoccupies his mind with what-if scenarios:

I think about it sometimes. I wonder what went on in Michael's house around dinner and TV shows. Michael never left a note or at last his parents didn't let anyone see it. Maybe it was "problems at home." I wish I knew. It might make me miss him more clearly. It might have made sad sense. One thing I do know is that it makes me wonder if I have "problems at home" but it seems to me that a lot of other people who have it a lot worse. (Chbosky 6)

Throughout the novel Charlie is haunted by his past and is looking for meaning in what happened to him. He is also worried about himself, wonders why he displays certain patterns of behavior and constantly asks what is wrong with him (see Chbosky 80). At this time, he is not able to grasp and integrate his trauma. Nevertheless, there are several favorable circumstances that facilitate his process of recovery.

Firstly, Charlie is successively able to establish safety in connection with supportive relationships. According to Herman, connections with others are a prerequisite for the healing process (see *ibid.* 133). Correspondingly, Sam and Patrick, his English teacher Bill, but also his psychiatrist provide for secure relationships and support Charlie in coping with his traumatic experiences. With the help of his friends Charlie is able to establish new routines and discovers activities and places he feels comfortable and secure with, which is in accordance with Herman the first stage of recovery (see *ibid.* 162). They regularly eat at a diner called *Big Boy* and frequently visit events such as a remake of the *Rocky Horror Picture Show*, *Punk Rocky*, where Charlie eventually starts writing a fanzine and also once participates as an actor (see Chbosky 111). Although these activities seem to be rather common for young adults, they require a high degree of self-conquest from Charlie, as he is a fairly secluded teenager and usually occupies the role of the observer rather than that of the participant.

The fact that Charlie lives his life in a passive way is also recognized by his teacher Bill, who plays another significant role in Charlie's healing process. Bill constitutes a reliable confidant for Charlie, with whom he can talk about his life. Charlie also receives advice that helps him to reflect on his behavior and eventually in leaving his comfort zone:

Bill looked at me looking at people, and after class, he asked me what I was thinking about, and I told him. He listened, and he nodded and made "affirmation" sounds. When I had finished, his face changed into a "serious talk" face. "Do you always think this much, Charlie?" "Is that bad?" I just wanted someone to tell me the truth. "Not necessarily. It's just that sometimes people use thought to not participate in life." "Is that bad?" "Yes." (Chbosky 26)

Charlie truly appreciates Bill's counsel and instantly puts it into action: "In terms of my participation in things, I am trying to go to social events that they set up in my school. It's too late to join any clubs or anything like that, but I still try to go to the things that I can. Things like the homecoming football game and dance, even if I don't have a date" (Chbosky 31). This way, the protagonist eventually manages to resume enjoying every day activities.

Another important relationship for Charlie constitutes the therapeutic interview with his new psychiatrist. He describes him and the therapeutic dialogue as follows: “My psychiatrist is a very nice man. He’s much better than my last psychiatrist. We talk about things that I feel and think and remember” (Chbosky 110). It is necessary for the protagonist that he feels at ease during these conversations since only in a confidential environment he is amenable and narrates honestly about his past: “I told my psychiatrist about the book and Bill and about Sam and Patrick and all their colleges, but he just keeps asking me questions about when I was younger. The thing is I feel that I’m just repeating the same memories to him. I don’t know. He says it’s important. I guess we’ll have to see” (Chbosky 182). Reconstructing traumatic history is both part of Herman’s second stage of recovery (see *ibid.* 176) and Van der Merwe and Viening’s *Recoil Phase* (see *ibid.* 347). Although Charlie is not until the end of the novel fully able to trace back his trauma, he foreshadows that something disconcerting must reside in his past: “he keeps asking me questions about when I was younger, and they’re starting to get weird” (Chbosky 186).

Finally, when the truth about his aunt’s deeds emerges, Charlie is hospitalized for two months due to a mental breakdown (see Chbosky 225). He recounts precisely what he experienced there in terms of trauma work: “the doctor has helped me work out a lot of things since then. About my aunt Helen. And about my family. And friends. And me. There are a lot of stages to these kinds of things, and she was really great through all of them” (Chbosky 226). After these therapy sessions Charlie is able to accept that what happened to him is not reasonably explainable. This facilitates integrating the trauma into his biography, similarly to Van der Merwe and Viening’s *Integration Phase* (see *ibid.* 347):

If I blamed my aunt Helen, I would have to blame her dad for hitting her and the friend of the family that fooled around with her when she was little. And the person that fooled around with him. And God for not stopping all this and things that are much worse. And I did do that for a while, but then I just couldn’t anymore. Because it wasn’t going anywhere. Because it wasn’t the point. I’m not the way I am because of what I dreamt and remembered about my aunt Helen. That’s what I figured out when things got quiet. And I think that’s very important to know. It made things feel clear and together. [...] I know what happened was important. And I needed to remember it. (Chbosky 228)

In the end, Charlie manages to draw optimistic conclusions from his past. He views his experiences as a resource from which he can draw hope and strength in order to continue living a normal life and eventually, he realizes that he can regain control over his own fate: “So, I guess we are who we are for a lot of reasons. And maybe we’ll never know most of them. But

even if we don't have the power to choose where we come from, we can still choose where we go from there. We can still do things. And we can try to feel okay about them" (Chbosky 228).

5.1.3. Symbolic Representations

Another aspect of the protagonist's trauma is represented by literary symbols. As suggested by Granofsky, symbolism in literature serves to imitate the memory's capability to distance itself from unbearable reality (see *ibid.* 6). Therefore, Chbosky interspersed his novel with a number of symbols in order to portray how Charlie's traumatic memories only gradually, and not to the full extent surface his mind.

Firstly, there are several passages, where changes in weather and season correspond with alterations in Charlie's mood. Especially, during the winter months, the protagonist feels increasingly depressed. For Charlie, the cold season does not only symbolize the end of the year, but also the end of his aunt's life, therefore he becomes more and more melancholic approaching the final days of December. Especially characteristic for his emotional outbursts is the perception of snow. However, the meaning of snow is rather ambivalent. On the one hand, it is a strong natural force that took away the life of his beloved aunt, stirring up inconvenient memories and emotions. On the other hand, there are some passages where the appearance of snow has a soothing and calming effect on Charlie. In the middle of the narration, one of Charlie's acquaintances draws his attention to the current atmospheric conditions:

So, I looked up, and we were in this giant dome like a glass snowball, and Mark said that the amazing white stars were really only holes in black glass of the dome, and when you went to heaven, the glass broke away, and there was nothing but a whole sheet of star white, which is brighter than anything but doesn't hurt your eyes. It was vast and open and thinly quiet, and I felt so small. Sometimes I look outside, and I think that a lot of other people have seen this snow before. Just like I think that a lot of other people have read those books before. And listened to those songs. I wonder how they feel tonight. (Chbosky 101)

In this passage, Charlie experiences a moment of epiphany. He comes to the realization, that however lonely he feels, he is connected to others through seemingly meaningful incidences. Through his interests and experiences he shares with others, Charlie is part of a greater unity. Although he might feel small, he cares for others and that renders his existence even more significant. In this moment, Charlie also becomes aware of his own mortality. Even though Charlie admits to be not truly religious, he feels a certain awe that is inspired by the forces of nature, so he reconsiders his friend's concept of heaven and engages himself in a spiritual

experience. In addition, Charlie might also feel subconsciously relieved by the sight of snow, since it was a natural phenomenon that penalized his tormentor. Although Charlie would never have had negative wishes towards his aunt, he might feel contented that his suffering finally came to an end. Through the conception of a heavenly space where peace and salvation reside, he can imagine his aunt at a better place. Thus, Charlie can sympathize with the idea that everything has a meaning, however nonsensical it seems at first.

Furthermore, old photographs are mentioned several times in the novel. They are always linked with the idea of happiness and contentment. However, Charlie moans about how fast times are changing and wonders how people could look so satisfied back then: "My dad had glory days once. I've seen pictures of him when he was young. He was a very handsome man. I don't know any other way to put it. He looked like all old pictures look. Old pictures look very rugged and young, and the people in the photographs always seem a lot happier than you are" (Chbosky 56). This observation indicates Charlie's subjective assessment of his own state of mind. As he is rarely able to experience pleasure he might ascribe this attribute to others in order to relativize his own depressed mood. The symbol of photographs representing irretrievable halcyon days can be found elsewhere in the novel: "As I was walking up the stairs to my dad's old room, and I was looking at old photographs, I started thinking that there was a time when these weren't memories" (Chbosky 92). Subconsciously, Charlie might feel that his parents are concerned about his state of mind, but he does not address this thought directly, instead he recurrently marvels about their unfamiliarly satisfied expression in old pictures. Towards the end of the novel, on graduation day, this metaphor is also expressed in Charlie's future aspirations. He asserts that he wishes well to his friends and concludes: "I hope everyone's pictures turn out great and never become old photographs and nobody gets in a car accident. That is what I really hope" (Chbosky 186). Although his farewell seems to be piteously formulated, Charlie is at least able to name his worries to some degree. He wishes for everyone to never experience what he had to endure. The pictures should turn out great, meaning that his friends' lives are to be prosperous and full of happy moments. Nevertheless, his friends not only ought to be satisfied in the present, they are to stay as content as they are, and shall not look back after a few years in despair to a life they will never have again. This in turn, might also be the way Charlie wishes his own life to turn out. He does not want his life to be overshadowed by haunting memories anymore, but make new ones and share these with his beloved ones.

A final concept that is of greater significance concerning Charlie's trauma, is the tunnel. A specific scene where Charlie, Sam and Patrick drive in a pickup through a tunnel, turning up the volume of the song they listen to is repeated in several passages. This long passageway is representative for Charlie's disturbing experiences he tries to escape. He stayed in this dark place far too long until excitingly approaching the lights on the other side. These lights ought to represent his future prospective and his hope that, one day, everything might turn out for the best. He is eager to leave this oppressive place, longing for a bright and promising future but does not yet feel ready for it. Nevertheless, after Charlie's hospitalization, the friends enter the tunnel a last time:

As we went into the tunnel, I didn't hold up my arms like I was flying. I just let the wind rush over my face. And I started crying and smiling at the same time. Because I couldn't help feeling just how much I loved my aunt Helen for buying me two presents. And how much I wanted the present I bought my mom for my birthday to be really special. And how much I wanted my sister and brother and Sam and Patrick and everyone else to be happy. But mostly, I was crying because I was suddenly very aware of the fact that it was me standing up in that tunnel with the wind over my face. Not caring if I saw downtown. Not even thinking about it. Because I was standing in the tunnel. And I was really there. And that was enough to make me feel infinite. (Chbosky 230)

Obviously, Charlie is overwhelmed by his feelings, as finally his trauma is disclosed. By knowing about what made him feel confined all along, and having worked out the source of his depressed sentiments, the protagonist is eventually able to enjoy the very moment. Also the fact that Charlie is no longer regarding the lights of the buildings, points to the assumption that, in the end, he finds the tranquility he was looking for. He does no longer have to chase happy prospects as he actually arrives in a satisfying present.

5.1.4. Narrative Situation and Structure

Regarding Charlie's recovery from trauma, the way the narration is conveyed is a further significant aspect of the novel. Charlie as a homodiegetic narrator tells his own story over the course of the novel. The narration is conceived as a series of letters written by the protagonist to an unknown addressee. According to Goring et al. this literary presentation is referred to as *epistolary novel* (see *ibid.* 363). Charlie starts his correspondence on August 25, 1991, which consists of 49 letters and lasts almost a year until he writes his final letter on August 23, 1992. Every letter opens with the salutation "Dear friend", and concludes with the complimentary close "Love always, Charlie". After all, the epistolary form is deployed to contribute to the

novels content but is as well used to influence the addressee's reading experience and the reception of the novel.

According to Wasserman, young adult literature "can be a helpful coping mechanism for adolescents who experience traumatic difficulties or for ones who are dealing with normal, but painful everyday experiences associated with a changing mind and body" (48). Therefore, she considers letter writing "a vital tool that allows readers to enter the minds of [...] young adults for an intimate view of their struggles for identity and self in a confusing and often frightening world" (ibid. 48). Although the epistolary novel is frequently mistaken for presenting "a relatively unsophisticated and transparent version of subjectivity, as its letter-writers apparently jot down whatever is passing through their heads at the moment of writing", this form of writing can be a quite elaborate way "of representing individual psychology" (Bray 1-2).

Hawthorne suggest that the epistolary novel provides for "personal insight, self-display, and dramatic effectiveness" (55). Through letter writing, in connection with first person narration, the emotional life of the narrator can be displayed explicitly with the result that the reader is able to immerse into the mind of the narrator. This facilitates the reader to relate and understand the narrator's emotions. Concerning this, Wasserman argues that narrators in young adult fiction "write letters to others that stem from feelings buried deep within themselves. Through their letters, the extent to which each is trapped within his or her own skin becomes increasingly clear" (Wasserman 48). In addition, the epistolary style "allows for a sense of intimacy [...] and immediacy, as well as an illusion of linguistic transparency or sincerity" (Goring et al. 363). Thus, to some extent, an intimate relationship between addresser and addressee can be readily established, insofar as the narrator seems to confide with the reader by honestly and exhaustively talking about personal thoughts and sensations. As concerns the novel, Charlie uses his letters to express his personal view on the world and consequently, the reader becomes acquainted with Charlie's personal thoughts, desires and fears, and therefore, the epistolary novel seems to be an appropriate tool of representation (see Wasserman 50).

Considering the purposes of young adult literature, the epistolary novel appears to be a suitable medium to pursue certain objectives. In specific, it enables the search of one's own identity, in the sense, that reading intimate letters by other writers promote self-discovery. Wasserman emphasizes that this aspect is what the epistles in Chbosky's novel induce. She argues that "the personal thinking and private worlds of letter writing are well-suited to the reflection and construction of identity which takes place in young adult literature" (Wasserman 48). As far as

Charlie himself is concerned, his letters “provide him with a space in which he can reflect and construct his own way of thinking, a space necessary for human development. It is in these letters where he confronts his particular demons” (Wasserman 50). Moreover, in accordance with Charlie’s own process of self-discovery, readers may relate their own troubles and fears to Charlie’s experiences and therefore the novel provides an impetus for them to explore and reflect on their own identity.

Furthermore, Wahlstrøm argues that the epistolary style is not only “essential to the novel’s ability to explore Charlie’s mind and thoughts” but also “a device to help the story move forward” (7). In this respect, the letters constitute a major part in Charlie’s process of recovery. As already discussed, in order to dissolve a trauma, those affected need to establish secure relationships in which they can openly speak about their experiences. In doing so, victims receive a possibility to reflect on their trauma and consequently are enabled to work through it (see Herman 176). This is exactly what Charlie achieves through his correspondences. He states his endeavor to write right at the beginning of the novel:

I am writing to you because she said you listen and understand and didn’t try to sleep with that person at that party even though you could have. Please don’t try to figure out who she is because then you might figure out who I am, and I really don’t want you to do that. I will call people by different names or generic names because I don’t want you to find me. I didn’t enclose a return address for the same reason. I mean nothing bad by this. Honest. I just need to know that someone out there listens and understands and doesn’t try to sleep with people even if they could have. I need to know that these people exist. I think you of all people would understand that because I think you of all people are alive and appreciate what that means. At least I hope you do because other people look to you for strength and friendship and it’s that simple. At least that’s what I’ve heard. So, this is my life. And I want you to know that I am both happy and sad and I’m still trying to figure out how that could be. (Chbosky 3)

Special attention is to be devoted to the fact that Charlie by all means wants to disguise his identity, since this is the only possibility for him to honestly and openly talk about his state of mind. In this first passage it also becomes obvious that the protagonist does not have any confidants to talk to, hence he has to share his concerns with a complete stranger. However, as it happens, it is not Charlie who remains anonymous, but the addressee of his letters. Since the correspondence is unilateral, the reader never learns the recipient’s response to Charlie’s story. Thus, the only response to the correspondence rests on behalf of the reader. As Kellerman expresses aptly, the readers “feel as though his letters are addressed to each of us” (40). Thus, a particular bond between the addressee and Charlie develops, as the reader is not only directly addressed by Charlie’s letters, but also learns about his difficulties in life in explicit and

unveiled detail. Simultaneously, the reader personally engages in the process of recovery, since only through this correspondence Charlie is able to reconstruct his traumatic experiences, which constitutes an integral part in dissolving his trauma.

Only towards the end of the novel, Charlie realizes that writing to his confidant helps him to feel assertive and comfortable again: “I was just thinking that I wrote to you first because I was afraid about starting high school. Today I feel good, so that’s kind of funny (Chbosky 178)”. On that account, Wasserman adds that Charlie uses these letters not only as a means of self-reflection but also to “recognize and come to terms with his past and its implications for his future” (Wasserman 50). Wasserman specifies this argument subsequently as she continues: „By writing about his feelings of pain and fear, he gains a new perspective on his life, and later, on his victimization at the hands of his aunt” (Wasserman 51). On the one hand, it is clearly noticeable that Charlie displays an ever increasing open manner during the course of his correspondence. He resumes to experience pleasure in activities, finds confidence in amicable relationships and makes joint plans for his future. On the other hand, only through his honest recollection of his traumatic history, he is able to reveal his repressed memories and expose the source of his deteriorating relationship towards others and himself. Therefore, Charlie’s letters are an essential aspect of coping, as they enable him to identify the sources of his trauma, reflect on and work through his traumatic experiences, and by doing so, he finally manages to leave his past behind and focus on a promising future.

5.1.5. Intertextuality

As briefly stated above, Charlie’s engagement with literature further supports his coping. Therefore, it is not surprising that Chbosky’s novel contains a considerable number of intertextual references. These are both intertextual allusions to “high” literature, as well as popular culture. However, there is not only an abundance of written textual works, such as novels, but also several non-written references, such as songs, albums, films and TV series. These references are listed in the order they appear in the novel:

Literature:	
<i>To Kill a Mockingbird</i> – Harper Lee (1960)	p. 10, 11, 12, 14, 16, 143,146, 208
<i>This Side of Paradise</i> – F. Scott Fitzgerald (1920)	p. 22, 112, 208
<i>Peter Pan</i> – J.M. Barrie (1911)	p. 31, 49, 208
<i>The Great Gatsby</i> – F. Scott Fitzgerald (1925)	p. 67. 187, 208

<i>A Separate Peace</i> – John Knowles (1959)	p. 67, 208
<i>The Mayor of Castro Street</i> – Randy Shilts (1982)	p. 69
[Title not mentioned] – Anne Rice	p. 72
<i>The Catcher in the Rye</i> – J. D. Salinger (1951)	p. 79, 85, 98, 110, 208
<i>Walden</i> – Henry David Thoreau (1854)	p. 88, 128, 136, 140, 148, 203, 208
<i>On the Road</i> – Jack Kerouac (1957)	p. 114, 177, 208
<i>Naked Lunch</i> – William S. Burroughs (1959)	p. 115, 119, 177, 208
E.E. Cummings	p. 141
<i>Hamlet</i> – William Shakespeare (exact date unknown, around 1600)	p. 144, 147, 208
<i>The Stranger</i> – Albert Camus (1942)	p. 160, 177, 208
<i>The Fountainhead</i> – Ayn Rand (1943)	p. 177, 178, 179, 181, 187, 193, 194, 208
Music:	
<i>Asleep</i> – The Smiths	p. 12, 22, 51, 66, 99
<i>Blackbird</i> – The Beatles	p. 40, 66
<i>MLK</i> – U2	p. 40, 66
<i>Landslide</i> – Fleetwood Mac	p. 42, 66
<i>Pink Floyd</i>	p. 46
<i>Rocky Horror Picture Show</i> – Jim Sherman, Richard O’Brien	p. 50, 51, 116, 117, 144, 158, 165, 183, 187, 189
The Village People	p. 65
Blondie	p. 65
<i>Smells Like Teen Spirit</i> – Nirvana	p. 65
<i>Vapour Trail</i> – Ride	p. 66
<i>Scarborough Fair</i> – Simon and Garfunkel	p. 66
<i>A Whiter Shade of Pale</i> – Procol Harum	p. 66
<i>Time of No Reply</i> – Nick Drake	p. 66
<i>Dear Prudence</i> – The Beatles	p. 66
<i>Gypsy</i> – Suzanne Vega	p. 66
<i>Nights in White Satin</i> – The Moody Blues	p. 66
<i>Daydream</i> – Smashing Pumpkins	p. 66
<i>Dusk</i> – Genesis	p. 66
Billie Holiday	p. 134
<i>White Album</i> – The Beatles	p. 144
<i>Broken Wings</i> – Mr. Mister	p. 170
Film and Television:	
<i>Saturday Night Live</i>	p. 18, 95
<i>Love Boat</i>	p. 18
<i>Fantasy Island</i>	p. 18

<i>M*A*S*H*</i>	p. 19, 20, 83, 86,111
<i>It's a Wonderful Life</i>	p. 80, 92
<i>The Producers</i>	p. 117
Mary Tyler Moore	p. 157-158
<i>The Graduate</i>	p. 177
<i>Harold & Maude</i>	p. 177
<i>My Life as a Dog</i>	p. 177. 207
<i>Dead Poet's Society</i>	p. 177
<i>The Unbelievable Truth</i>	p. 177
<i>The Peanuts</i>	p. 187
<i>Night of the Living Dead</i>	p. 207
<i>Gomer Pyle</i>	p. 115

These texts do serve certain purposes within as well as outside the story. In general, as has been observed by Wahlstrøm, all of these intertexts are “representations of their time, of its social milieu, history and circumstance” (10). So is the *Perks of Being a Wallflower* itself a representation of the spatial and temporal circumstances between the 1980s and 1990s. By referencing a large number of coming-of-age narratives, Chbosky can be said to assign his novel to this “literary tradition” (ibid. 10). This tradition, in turn, has a huge influence on the text itself: “Chbosky writes himself into a tradition and a genre, and highlights the popular coming-of-age literature that has come before, which seem to serve as both an inspiration and as a retrieval of past glories” (ibid. 12). Therefore, these intertextual allusions can be seen as the literary background of the novel, which shaped both its form and content.

As concerns the vast number of novels referred to, most of the works the protagonist reads (but also some movies, i.e. those highlighted in the table), are assigned by his English teacher Bill. Bill not only discovers Charlie's potential concerning literary understanding and interpretation, he also notices that Charlie is rather secluded and does not participate in activities like other students do. Therefore, Bill does not merely act as a teacher but also assumes the role of a confidant and counsellor who talks with Charlie about his anxieties and worries. In this respect, the readings suggested by Bill play a significant part. On the one hand, they are intended to foster Charlie's endowment regarding literature:

Incidentally, I have not told you about Bill in a while. But I guess there's not a lot to tell because he just keeps giving me books that he doesn't give his other students, and I keep reading them, and he keeps asking me to write papers, and I do. In the last month or so, I have read *The Great Gatsby* and *A Separate Peace*. I am starting to see a real trend in the kinds of books Bill gives me to read. (Chbosky 67)

More importantly, however, Charlie's critical reading serves as a gateway to self-discovery and –reflection. The pattern Charlie has detected in his readings is obviously intended by Bill. It is no coincidence that the majority of novels, including *To Kill a Mockingbird*, *This Side of Paradise*, *Peter Pan* or *The Catcher in the Rye* are coming-of-age narratives. Central to all these novels is the portrayal of the protagonists struggling with the transition from childhood to adulthood and the associated construction of identity as well as the determination of one's place in society. As Charlie faces similar problems he relates to the characters' experiences and troubles and can identify himself with them:

I'm sorry I haven't written to you in a couple of weeks, but I have been trying to "participate" like Bill said. It's strange because sometimes, I read a book, and I think I am the people in the book. Also when I write letters, I spend the next two days thinking about what I figured out in my letters. I do not know if this is good or bad. Nevertheless, I am trying to participate. (Chbosky 30-31)

It is clearly recognizable that Charlie is not merely a passive recipient, but rather has a constructive attitude. He is able to make meaning out of other juveniles' stories, relate to them and apply the insights he gained through his reading to improve his own life.

Furthermore, as suggested by Wahlstrøm, another characteristic these novels share are the young adults' "need to come to terms with their past to be able to move forward" (9). At this point, the relation of the characters in the books to Charlie's narrative becomes even more transparent. Charlie, who is conflicting with his own social and intellectual development is simultaneously haunted by his past and finds encouragement in the stories of other troubled adolescents. Therefore, Chbosky also references the archetype of trauma narratives, namely William Shakespeare's *Hamlet*:

I have spent the whole vacation reading *Hamlet*. Bill was right. It was much easier to think of the kid in the play like the other characters I've read about so far. It has also helped me while I'm trying to figure out what's wrong with me. It didn't give me any answers necessarily, but it was helpful to know that someone else has been through it. Especially someone who lived such a long time ago. (Chbosky 147)

In this passage, again, it becomes obvious that reading about the fate of others fuels Charlie's reflection on his own experiences. He comes to realize that he is not the only one who is depressive and has to bear a heavy burden. The feeling of powerlessness resulting from this affliction is not abnormal, but individuals throughout the history of mankind displayed similar states of mind and traumatic experiences are universal. Charlie recognizes that trauma is independent from temporal and spatial circumstances and therefore, it can, unfortunately,

happen to everyone. This enables Charlie to receive an improved understanding of his current situation and indicates that it is not his own fault that he feels the way he does, so he finds reconciliation by realizing that his suffering is shared.

Apart from *Hamlet* Bill deliberately chooses literary classics that are not classified as young adult or coming-of-age novels. For instance, Charlie is introduced to critically acclaimed philosophical works such as *The Stranger* by Albert Camus, *The Fountainhead* by Ayn Rand or Henry Thoreau's *Walden*. These are supposed to familiarize Charlie with different genres and broaden his horizon. However, through his thorough reading of these texts, Charlie does not merely refine his understanding of literary texts. In these novels he encounters social and moral issues and learns about different fates and dilemmas and, thus, is faced with fundamental questions. They are supposed to encourage critical thinking, and this is exactly what enables Charlie to evaluate and solve his own problems.

Alongside novels and films, music plays a central part in Charlie's narration. Especially songs and songwriters associated with the 1980s, the decade in which the story presumably takes place, are referred to. Among these songs, a specific tune is recurrently referenced, namely *Asleep* by the Smiths. Since the song's theme is suicide it seems to be representative for his mourning. In agreement with *Asleep* Charlie recites a poem by an unnamed narrator that is composed of suicidal thoughts as well (see appendix). Both these texts mirror Charlie's current state of mind. The protagonists interest in, and the repeated occupation with themes such as death, suicide and mortality point to the assumption, that he can relate to these thoughts. The song as well as the poem, on the other hand, also could mean to radiate optimism and hope. They suggest that Charlie is eagerly longing for a mental equilibrium. He wants his suffering to stop and find peace and silence in his troubled life.

On the other hand, music is not only representative for Charlie's recession into depression, but, on the contrary, it can be seen as a uniting force. In general, the protagonist is socially isolated and only establishes relationships with others during the course of the novel. Through music, however, Charlie feels connected to his friends and is able to identify himself with his peers. For instance, Charlie incidentally comes across a magazine article comparing different musicians, in this case, the lead singers of *The Beatles* and *Nirvana*. Although Charlie rather conceals his personal view on that topic, he is finally requested to comment on it:

So, I said I thought the magazine was trying to make him a hero, but then later somebody might dig up something to make him seem like less than a person. And I didn't know why

because to me he is just a guy who writes songs that a lot of people like, and I thought that was enough for everyone involved. Maybe I'm wrong, but everyone at the table started talking about it. Sam blamed television. Patrick blamed government. Craig blamed the "corporate media." Bob was in the bathroom. I don't know what it was, and I know we didn't really accomplish anything, but it felt great to sit there and talk about our place in things. It was like when Bill told me to "participate". (Chbosky 112-113)

Charlie's frequent attendance of the student's own remake of the *Rocky Horror Picture Show* has a similar effect. Although Charlie is at the onset merely an impartial observer of the play, he finally finds an activity where he shares mutual interest. This not only yields inspiring discussion with his friends, but also makes Charlie curious to try out something new. Finally, he also performs himself in the play. His participation in the show is an ideal opportunity to take on a completely different role, without any judgement from others. Most importantly, Charlie can escape being a victim and can be whoever he wants to be. This sense of belonging and his own positive concept of self-hood have a significant effect on Charlie's social and mental well-being. Being accepted by others, he finally finds a place of retreat, but not in solitude, but in conversation with others, which signifies a major step towards recovery.

All in all, the intertextual references Chbosky delicately selected for his novel serve to inform both the novel's content and form. In addition, they neatly represent the decade of the story as well as the literary tradition in which *The Perks of Being a Wallflower* is aligned.

5.2. Collective Trauma and Social Isolation in Jennifer Brown's *Hate List*

Jennifer Brown's novel *Hate List* depicts the aftermath of a school shooting incident which was apparently triggered through repeated mobbing and bullying. The offender Nick, in collaboration with his girlfriend Valerie, creates a list about people who wronged them over an extensive period. What is meant as a benign form of mocking, one day seriously gets out of control and ends dramatically as Nick furiously kills the people listed in the corporate notebook.

Brown's dramatic portrayal of the fictional high school shooting seems to be based on the disaster that befell Columbine High School in April 1999 where 13 people were killed and numerous others were injured by two armed students (see e.g. Horris 3). Although Brown's story features a lone perpetrator, the parallels between the narrative and the historical event are obvious as regards the severity of the killing frenzy and the grave impact on victims and witnesses. In the same manner as the real tragedy, the shooting spree in *Hate List* is to be

considered a collective trauma, since it affects an entire community, leaving it traumatized. These “dynamics of trauma” in turn reveal “collective dimensions” that concern not only those directly involved but, as Audergon puts it, “influence the course of global history” (16). For instance, the shooting of Columbine High School had an enormous national impact on school security in the US, and, moreover, opened an international discourse about gun laws and violent video games (see Hong 861 et al.; Lawrence 1201-1202). Similarly, this widespread impact of collective trauma is reflected in the novel, as it features a large number of trauma victims and also describes how the cataclysm is covered by the media.

The focus of the story lies on the shooter’s former girlfriend Valerie and how she experiences the reverberations of the killing spree. Although the narrative is predominantly rendered by her in first-person narration, the reader also receives insight into the emotional life of the other victims by means of behavioral descriptions, dialogues and other forms of discourse. Thus, the novel provides a complex portrayal about the consequences of collective trauma involving different perspectives.

5.2.1. Symptomatic Manifestations

Since the unforeseeable shooting rampage led to a large number of victims, the novel accounts for a detailed and multifaceted illustration on how the different individuals react to the harrowing event. Starting with the main character, Valerie, about whom the reader receives the most coherent picture concerning symptomatic response and trauma work, it can be noticed that some symptoms indicating PTSD seem to be more pronounced than others.

As for intrusion symptoms, a hallmark of PTSD, the protagonist for instance repeatedly relives the day of the shooting through shattering dreams and flashbacks. Valerie’s narrative opens approximately four months after the shooting, when she is about to revisit school for the first time. In a conversation with her mother, who optimistically tries to convince her that a fresh start would liberate her from mourning, the reader immediately learns about the protagonist’s thoughts and feelings about her return:

Like I would be happy about going back to school. About stepping back into those haunted halls. Into the Commons where the world as I knew it had crashed to an end last May. Like I hadn’t been having nightmares about that place every single night and waking up sweaty, crying, totally relieved to be in my room again where things were safe. (Brown 6)

Apart from distressing dreams, the protagonist is haunted by the terrifying images of the traumatic event even during the day: “I tried to blank my mind. Tried to make myself turn those images in my mind black. But I couldn’t do it. They shoved in on me, each one more horrible than the one before” (Brown 127). Although Valerie vehemently tries to avert these images, they involuntarily and repeatedly emerge inside her mind: “I squinched my eyes tight, trying not to see the image of Christy Bruter’s bleeding gut, my hands pressed against it. Trying not to feel the panic that I’d felt that day welling up inside my throat. Trying not to smell gun powder in the air and hear screaming. More tears rolled down my cheeks” (Brown 158). It can be noticed that Valerie heavily suffers from repeatedly reliving the day of the shooting and thus, displays a strong emotional response to these re-experiences.

Since her recollections become increasingly unsettling, Valerie attempts several strategies to avoid these dreadful images and memories, with the result that she decays into compulsive behavior which deprives her from sleep:

I stretched back on the couch and stared at the ceiling until my eyes ached, afraid to close them for fear of what images of the night might replay in my head. My brain had so many frightening ones to choose from now. One thing was for sure: I was sick and tired of feeling scared. But from where I lay, every path I could take from here was scary as hell. (Brown 326)

However, not only Valerie is plagued by distressing dreams and memories, but likewise all the other students and teachers who were involved in the disaster, which becomes particularly transparent in conversations. At a later stage in the story, Jessica, a fellow student who was saved by the protagonist, unveils her innermost emotions to Valerie in a state of enragement:

“You seriously think this has been easy for me?” she called. I stopped, turned. She was still standing where I left her. Here face looked funny, almost writhing with emotion. “Do you?” She dropped her backpack on the floor and started walking toward me, steadily, one hand on her chest. “Well it’s not. I still have nightmares. I still hear the gunshots. I still...see Nick’s face every time I look at... you.” She had begun crying. (Brown 333)

As it is outlined by Jessica, intrusive images and other sensations are evoked by the presence of people associated with the traumatic event. This is not surprising since distressing memories are easily stimulated by conversations or situations related with the trauma but also by physical reminders such as people, places and objects (see DSM-V 273).

Strikingly, however, most of the victims’ memories and flashbacks seem to be triggered by the school surrounding and, in particular, the school cafeteria where the trauma unfolded.

Kellermann notes that this is especially characteristic for collective trauma: “Collective trauma does not only contaminate people. It also leaves its traces on physical locations” (34). Further, he adds that “[w]hile on the surface things may look quite normal, the very absence of something that was there before – the void or empty space – will have a psychological effect on anyone who visits the disaster area and reveals its hidden secret (ibid. 34). This absence can be eminently recognized in the following passage:

Mrs. Tate and I walked through the hall with purpose, then rounded the corner to the Commons. This time the panic rose so quickly it made it to my throat before Tate could pull me into the large room. She must have sensed my fear because she squeezed my shoulders harder and pressed on more quickly.

The Commons – once the place to hang out in the mornings, ordinarily packed shoulder-to-shoulder – was empty, save for the clusters of empty tables and chairs. At the far end, the end where Christy Bruter had fallen, someone had installed a bulletin board. Across the top were construction paper cutout letters reading WE WILL REMEMBER, and the board was papered with notes, cards, ribbons, photos, banners, flowers. (Brown 43-44)

The fact that the once crowded cafeteria is left deserted indicates that the location stirs up negative sensations among the whole school community, and therefore, it has become a place of abandonment. This avoidance reaction, in turn, can be interpreted as an indicator to PTSD (see DSM-V 273).

Although the cafeteria is generally avoided by students and staff, the images of the traumatic event are still omnipresent, not least due to the media. This is also felt by Valerie, who is hospitalized and receives physical and psychological treatment subsequent to the shooting. Although she most of the time manages to shield herself off from reports about the incident, she nevertheless is curious about the consequences the shooting entails:

During the day, when Mom and Detective Panzella and the nurses were around, I’d keep the TV tuned to Food Network or some other channel that wasn’t showing coverage of the shooting. But at night, my intense curiosity won over and I would watch the news, my heart sometimes pounding in my chest as I tried to piece together who had lived, who had died, and how the school was going on about its business.

During the commercials my mind would sort of wander. I’d wonder about my friends, about whether or not they had made it out. About how they were doing. Were they crying? Were they celebrating? Did life just go on for them? And then my mind would wander to the victims and I’d have to dig my fist into my thigh and flip to another channel to try to think about something else again. (Brown 160-161)

On the one hand, Valerie cannot remain ignorant about the aftermath of the shooting and the condition of her peers, while, on the other hand, she is overwhelmed by her thoughts and therefore forces herself to focus on something completely different.

Another strategy Valerie uses to divert her thoughts from reminders of the trauma is daydreaming. Thereby she places herself into a past long before the misfortune and is able to abandon ferocious reality. Most of the time she looks back upon the wonderful times she could share with Nick, however, since these memories often turn out to be painful, she even goes further back in time, remembering her carefree childhood years. For instance, during her hospitalization, Valerie is confronted once again with harsh facts about the other victims by one of her friends, Stacy, and concurrently is absorbed with pleasant and peaceful memories:

“They said we can go to school next week,” she said. “Well, some of us. A lot of kids are afraid, I think. A lot are still recovering...” She trailed off after the word “recovering,” and her face flushed, as if she was embarrassed to have mentioned it to me. I was struck with another dream image, one of the two of us sweating under a sheet draped over a picnic table in her back yard, shoveling imaginary food into baby doll mouths. Wow, it had seemed so real, feeding those plastic babies. It had all seemed so real. (Brown 167)

In similar ways, Valerie constantly avoids conversations about the trauma, refuses vocabulary that reminds her of the incident, i.e. the term “victims”, and refrains from riding the school bus as it is closely connected to the school community and, hence, the shooting (Brown 230, 258). Also at home Valerie often secludes herself in her room, daydreaming. In doing so, she evades discussions about the tragedy with her family, but also with people who visit her at home. By circumventing these situations, she is able to shield herself off from dreadful memories that stir up excruciating thoughts and feelings.

Furthermore, as concerns reminders of trauma, the memorial of the shooting once more stimulates mixed feelings among the students of Garvin High. Such commemorations are a fundamental characteristic of collective trauma, and, as Kellerman observes, this type of trauma is “especially felt on memorial days when a country mourns its losses” (40). Even though the protagonist observes that most students “went on about their lives”, she does not consider that she cannot perceive the reactions of those who are not present at the memorial, as remembering the trauma is still too overwhelming for them (359). This regards in particular a classmate of hers, Ginny, who attempted to end her life by taking sleeping pills. Only by accident Valerie overhears two students talking about the dreadful incident that had occurred while most students had been attending the memorial ceremony. In sincere believe that she had contributed to the shooting, as she had always been a silent witness when Nick was bullied, Ginny is plagued by enormous feelings of guilt. As she cannot endure her guilt pangs anymore, her miserable condition results in intentions to commit suicide (see Brown 370). Although suicidal ideation

and attempts to take one's own life are not directly listed as symptoms of PTSD, according to the DSM-V they are nevertheless closely associated with the disorder (278).

Moreover, feelings of guilt and shame, as they can be observed among Ginny, play a meaningful role in the symptom description of PTSD (see DSM-V 272). Similarly, these feelings can also be found among the protagonist Valerie, who perpetually tries to convince others and herself that she is not to be blamed for the disaster. For instance, after the shooting when Jessica visits Valerie at the hospital, the protagonist is curious about the other victims' conditions. At the same time, she wishes for confirmation that she is not responsible for the tragedy, but she does not dare to ask, since she fears the awful truth:

I wanted to say a ton of things to her, I swear. I wanted to ask her about Mason and Duce. I wanted to ask her about the school. About whether or not Christy Bruter lived and Ginny Barker, too. I wanted to ask her if she knew that Nick was planning this. I wanted her to say it blindsided her, too. I wanted her to tell me I wasn't the only one guilty of not stopping it. Of being so incredibly stupid and blind. (166)

Apart from feeling culpable about initiating the shooting, Valerie feels guilty for being disloyal to Nick. She wishes to preserve her former boyfriend's memory, beholding him as a victim of bullying and, on the other hand, she allows herself to think that he is a villain who brought great misfortune upon the rest of the school community. During a conversation with her psychiatrist the reader learns about the protagonist's struggles with her guilty conscience: "Should I tell him yes, something happened? Should I tell him that what happened was that I publicly abandoned Nick, that they'd all finally gotten it through my head that Nick was bad? Should I tell him that I felt guilty as hell about it? That I'd caved to popular kids' pressure and I was so ashamed by it?" (Brown 235). From her thinking it can be extracted that she feels not only guilty but also embarrassed. Her embarrassment, in turn, is transferred to other situations too. Just as Valerie is not able to freely talk about the incident itself, she feels ashamed when mentioning the commemoration of victims to others affected by the trauma: "'A memorial,' I added without thinking. My face immediately burned afterward. I felt embarrassed for mentioning her husband's death in front of her. As if mentioning it would somehow make it more real to this sturdy little woman having to mother her children alone" (Brown 382).

In addition, as could already be seen from previous quotes, Valerie finds herself in emotional disturbance, ranging from feelings of sadness and fear to angry outbursts. Accompanied by these negative emotions, the protagonist also displays a negative world view and lacks feelings

of self-worth. She feels inferior and marginalized by others, since with the suicide of Nick she lost her only confidant:

I didn't belong. Not with Jessica, not with Meghan, definitely not with Josh. I didn't belong at those parties. I didn't belong in Student Council. I didn't belong with Stacey and Duce. With my parents who'd suffered so much. With Frankie who made friends so easily.

Who was I kidding? I never even really belonged with Nick. Because I totally betrayed him, made him think I believed what he believed, made him think I would be on his side no matter what, even if he killed people. (Brown 329)

Valerie's isolation from others makes it incredibly difficult for her to overcome her trauma. Nevertheless, the protagonist receives psychological treatment, where she eventually regains trust in others and herself and faces her problems in sympathetic conversations with a therapist.

5.2.2. Valerie's Process of Recovery

Already a few hours after Valerie's hospitalization, the impact of her traumatic experience becomes visible. During post-operative monitoring she is allowed to receive visits from her family and schoolmates. From the initial conversation with her mother, it transpires that Valerie has lost reference to reality, but progressively becomes aware that what she had mistaken to be a dreadful nightmare actually took place:

"Valerie, do you remember anything about school today?" Mom asked quietly. I won't say she asked it gently or tenderly or any of that motherly stuff. Because she didn't. She asked it to the sheets, in a low voice, a flat voice I barely recognized.

"School?"

And then things started flooding in on me. Funny, because when I first started waking up, what happened at school felt like a dream and I thought, *surely they aren't talking about that, because that was just some stupid, horrible dream*. But within a few seconds the realization that it wasn't a dream sunk in on me and I almost felt physically squashed beneath the images. "Valerie, something terrible happened at school today. Do you remember it?" Mom asked.

I couldn't answer her. I couldn't answer anyone. I couldn't say anything. All I could do was stare at the TV screen, at the aerial of Garvin High and all the ambulances and cop cars surrounding it. Stare at it until I swear I could see the individual little squares of color on the screen. Mom's voice was faraway, and I could hear her, but it wasn't like she was talking to me exactly. Not in my world. Not under this avalanche of horrible. I was alone here. (Brown 124)

This description of Valerie's condition resembles the first stage of recovery, the "Impact Phase" according to Van der Merwe and Vienings (346). The phase commences immediately after the traumatic incident and is characterized by a state of shock which entails disorientation, confusion and, in some cases, apathetic behavior (ibid. 346). The same holds true for Valerie,

who feels disoriented and cannot distinguish between dream and reality. When she is faced with actual reality, she instantly feels overwhelmed and helpless.

Soon afterwards, Valerie meets her first psychiatrist, Dr. Dentley, and receives relevant therapeutic treatment while still in hospital. However, the protagonist does not seem to be very pleased with her initial psychological care. Although Dr. Dentley is visibly committed to assist Valerie throughout her recovery, as he proposes different forms of therapy and medication, he does not seem to respond to her needs entirely, and even worse, he takes measurements on totally false prerequisites. Due to the information about the Hate List and Nick's suicidal ideations, he assumes that Valerie herself is potentially suicidal. The depiction of her experiences with the inpatient residential program indicates that she is utterly dissatisfied with her situation and thus merely simulates cooperation in order to escape the restricting conditions of the stationary counselling:

Dr. Dentley made me sick to my stomach. His tartar-caked teeth and his dandruff-flaked glasses and his psychology-textbook way of talking. All the while, his eyes wandering to something more important while I answered his Super-Shrink questions.

I didn't feel like I belonged there. Most of the time I felt like everyone else was crazy – even Dr. Dentley – and I was the only sane one. [...]

I moved from place to place like I was supposed to. Changed out of my pajamas and hospital-issued robe like a good girl. Sat on the couch in the common room, watching approved TV, looking out the window at the highway below, pretending I didn't see the dried boogers smeared on the walls next to me. Pretending my heart wasn't breaking. Pretending I wasn't angry, confused, scared.

I wanted to sleep my time away there. Wanted to take painkillers, curl up in bed, and not wake up again until I was home. But I knew that would be seen as a sign of depression and would only serve to keep me here longer. I had to pretend. Pretend I was getting better. Pretend my "thoughts of suicide" had changed. (Brown 180-181)

This passage shows that a number of prerequisites for healing are lacking. First, Valerie does not feel comfortable in her environment, which does not only include accommodation but the other patients surrounding her as well as her supervisor. Secondly, the protagonist does not receive an opportunity to work through her trauma since she fears that revealing her real emotions and talking about her experience may be indicative of deterioration. Thus, Valerie does not feel safe enough to open up to her therapist and therefore, at this point, is not able to cope with her trauma.

In total contrast to the treatment in hospital is the psychological counselling of Dr. Hieler. After her hospital stay, Valerie is transferred to her current psychotherapist, whom she visits once a week over a long period of time. The protagonist's description of Dr. Hieler's practice is in

complete contradiction to the characterization of Dr. Dentley's working environment: "Dr. Hieler's office was cozy and academic – an oasis of books and soft rock music in a sea of institutionalism" (Brown 185). In addition, Dr. Hieler himself is implicitly described as sympathetic, calm and considerate:

Dr. Hieler took a deep breath in and shifted forward in his seat. He finally took his eyes off of me and focused on Mom again. "Well," he said in this soft voice that felt like a lullaby, "getting on with her life is important. But right now it may be more important to put the feelings out there, deal with them, and find a way to be okay with all that's happened." [...] "Look, I'm not going to tell you that I know what you're feeling. I wouldn't invalidate all you've been through by telling you that I have any idea of what it's like." (Brown 187)

Furthermore, Dr. Hieler is not only represented as a compassionate and kind-hearted psychologist, he is also honest and prepares Valerie for what to expect in their ensuing sessions:

"I work a lot with kids Valerie's age," he said in a low voice. "I tend to be really wide open and direct. Not harsh, just direct. If there's something that needs to be put on the table, we put it on the table so we can work on it to see if we can find our way through it and make things better. I tend to initially listen and try to offer support." [...] "Down the road, we may or may not think there's something that you need to change. If we do, we'll talk about it. More than likely at that point, we'll talk more about your thoughts and your behaviors." (Brown 188)

As Dr. Hieler fosters transparency and openness, he is able to comfort Valerie and precisely addresses her needs. Apart from that, he also displays sensitivity towards Valerie's emotional condition, trying to empathize with her and her situation:

"Look", he said. "Not only do I think this whole thing is terrible for you, but I'm also aware that you've probably had very little control over any of this. I'd like to do things differently here. I'd like to give you a lot of control. We'll move only as quickly as you want. If I bring up a subject that you don't want to talk about or push too hard on a topic, just tell me and I'll change the topic to something easy and safe." (Brown 189-190)

By suggesting to resolve the problem at its very origin, namely Valerie's loss of control, Dr. Hieler leaves a professional impression, which in turn inspires the protagonist's confidence in the therapy. This is not surprising, since according to Herman, reestablishing safety and control are fundamental requirements for recovery (155).

Over the following weeks, Valerie's trauma work becomes more and more apparent. Her progress is not least attributable to Dr. Hieler's helpful advice on how to face problems and difficulties of everyday life. The protagonist is encouraged to resume school and confront the

fears she had been avoiding for a long time, which proves to be a fairly difficult endeavor, since the mere thought of school and the events associated with it produces negative feelings. This suggests that Valerie has already reached the “Recoil Phase”, where her emotional involvement is correspondingly strong as she begins to realize the consequences of the shooting (see Van der Merwe & Vienings 346). Nevertheless, Valerie is able to “survive” every day by applying specific coping methods and calming techniques suggested by her psychologist, such as breathing deeply, counting backwards or focusing on the subject at hand (e.g. Brown 44, 70). Especially one of Dr. Hieler’s consults seems to be eminently occupying the main character’s mind:

You’ve got to find a way to see what’s really there, Valerie, Dr. Hieler had told me. You’ve got to start trusting that what you see is what’s really there.

I opened my notebook and picked up my pencil. Only instead of taking notes on what Tennile was saying, I began sketching what I saw. The kids were in kid bodies wearing kid clothes, their kid shoes untied and their jeans ripped. But their faces were different. Where I would normally see angry faces, scowls, jeers, instead I saw confusion. They were all just as confused as I was.

I drew their faces as giant question marks, sprouting out of their Hollister jackets and Old Navy T-shirts. The question marks had wide, shouting mouths. Some were shedding tears. Some were tucked in on themselves, looking snaillike.

I don’t know if it’s what Dr. Hieler had meant when he told me to start seeing what’s really there. But I know that drawing those question marks did far more for me than counting backward from fifty ever could have. (Brown 75)

Through her drawings, Valerie learns to look precisely at her surroundings and notices that she can see her environment from a different perspective. She is able to look behind the façade of anger and accusation and realizes that others are similarly unsettled and wounded. Insofar she learns to care about her contemporaries and develops an understanding for their behavior that sometimes seems to contradict their inner lives. Thereby she also experiences herself as self-effective, having discovered a way to transform her trauma into something artistic. At a later time in the novel, Valerie even takes art lessons and projects her fears and worries onto canvasses, which turns out to be another method for Valerie to regulate her own emotions and work through her trauma.

Soon, the protagonist draws new energy from what she has already accomplished as concerns confrontation and trauma work. She starts to realize that after Nick had gone her life stood still, which can be extracted for instance by the fact that she neglected both her personal hygiene as well as other forms of cleanliness, not considering them worthwhile anymore. However, she takes advantage of her newly gained strength and starts not only to establish order concerning her facilities but simultaneously realizes that she has to readjust her life:

I walked into my bedroom, which looked a lot mustier and more cluttered than it has when I'd left it this morning. I stopped in the doorway and looked around, sort of surprised that I'd more or less lived in this room since May and had never noticed how disgusting it was. Depressing, really. Not that I was ever big on cleaning my room. But except for the Great Nick Extrication that Mom had done after the shooting, nothing had been picked up or cleaned in months.

I picked up a glass that had been on my nightstand for, like, forever and stacked it on top of a plate. I reached over and scrunched up a paper towel that was discarded nearby and stuffed it into the glass.

I had this feeling that maybe I should clean it all up. Make a clean start. Do a Great Valerie Extrication of my own. (Brown 113)

Gradually, Valerie re-establishes confidence in herself and also in the people closest to her. Even though she is still not able to talk about the traumatic incident with her friends and family, she finally has a breakthrough at one of her consultation meetings when discussing a newspaper article reporting on the reconciliation of the school community:

[F]or the first time – but certainly not the last – I purged everything to Dr. Hieler. Everything. From talking about *Hamlet* on Nick's unmade bed to wishing Christy Bruter would pay big-time for what she did to my MP3 player to the guilt I was feeling. Everything I couldn't say to the cop in my hospital bed. That I couldn't say to Stacey. To Mom.

Maybe it was the way Dr. Hieler looked at me, like he was the one person in the world who could understand how everything got so out of control. Maybe it was just that I was ready. Maybe it was the newspaper article. Maybe it was my body's way of exploding – letting off the pressure before I destroyed myself. (Brown 204)

After a long time of reticence, Valerie manages to reconstruct her story of trauma. She is able to acknowledge interdependencies and consequences of the deed and, furthermore, she realizes that she is not to blame for the shooting, which is especially characteristic of Herman's second stage of recovery (see *ibid.* 176). Her urge to revise the traumatic incident seems to be triggered by the awareness that also the rest of the school community is able to move on, which inspires Valerie's hopes in improvement. Additionally, it becomes much easier for Valerie to forget about her preoccupations of being stigmatized and ostracized by others. It seems like the protagonist even feels safe again at school:

I did go back after winter break and the nerves that had accompanied me the first day of school were much less debilitating when I plowed through the doors in January. People seemed to be generally getting used to the idea that I was going to be around, which seemed to be helped by the fact that Jessica and I sat together at lunch every day. And I still had the Student Council meetings. I was beginning to participate more, even helping decorate the room for Mrs. Stone's birthday. (281)

By reestablishing connections with her schoolmates, Valerie finally is able to recover her enthusiasm and resumes activities she used to do before the tragic incident. What is more, she is accepted by others again, whereby Valerie regains a salutary sense of belonging.

Seeing herself as part of a larger community seems to remind the main character of the fact that she once had dreams and wishes for her future and that she and her classmates shared a common goal, namely graduating from high school. Before moving on however, she determines that she has to conclude with her past: "After a while, I rolled to my back and stared up at the ceiling, realizing at once that there was something I had to do. I couldn't change the past. But if I were ever to feel whole again I would have to say goodbye to it. *Tomorrow*, I told myself. *Tomorrow is the day*" (Brown 342). Initiated by these thoughts, Valerie decides to do what she had been fearing for a long time, she visits Nick's grave for a final farewell. Due to the absence of Valerie's anticipated fierce reactions, it can be assumed that she manages to accept and integrate her trauma. With a view of consolidating peace, she eventually can move forward, which indicates that Valerie, in the end, reached the "Integration Phase" as proposed by Van der Merwe and Vienings (see *ibid.* 347).

Characteristic of Herman's third stage of recovery, in turn, are the establishment of a new identity and a focus on the future rather than the past (196, 212). By leaving her past behind, Valerie gains a fresh perspective on her future. Although she has not set joint plans yet, she seems to have a precise idea of what her future holds. In a conversation with a supportive teacher the protagonist reveals her deliberations as well as her aspirations:

"What are you going to do?" she'd ask me one day as we ate lunch together. I'd considered this, believe me. What would I do once graduation was over? Where should I go? How would I live? Would I stay at home and wait for Mom and Mel to possibly get married? Would I move in with Dad and Briley and Frankie and try to repair the relationship that I was pretty sure Dad didn't want anyway? Would I move out and get a job? Get a roommate? Fall in love?
"Recover," I'd said. And I meant it. I needed some time to simply recover. I'd consider my future later, when Garvin High had slipped off me like a heavy coat in a hot room and I'd begun to forget the faces of my classmates. Of Troy. Of Nick. When I'd begun to forget the smell of gunpowder and blood. If I ever could. (Brown 361)

The extract shows that Valerie still has to struggle with haunting memories and that her trauma is not completely overcome, which is, according to Herman, rather common among victims of trauma (see *ibid.* 195). Although the protagonist is aware that healing takes time, she shows faith that someday her traumatic past will not be overwhelming and terrifying anymore. In a further step towards recovery, Valerie exposes her endeavors to her psychologist, adding that

she wants to discover who she really is, exploring her own identity against the background of her traumatic history (see Brown 387). She concludes the conversation by pointing out that “[f]or once the future seemed heavier than the past” (Brown 390).

Finally, towards the end of the novel, on graduation day, it becomes transparent that also the other students of Garvin High School look forward to their promising future. At the ceremony many students seize the opportunity to retrospect their school days. As one might expect, these speeches mostly evolve around the shooting and how the class was ravaged by it. However, in the end, the incident is conceived as a need for rethinking and change:

“Our class,” Jessica began, “will forever be defined by a date on the calendar. May second, 2008. Not a member of this class will pass that date without remembering someone he or she loved, who is now gone. Remembering the sights and sounds of that morning. Remembering pain and loss and grief and confusion. Remembering forgiveness. Just remembering. We, the class of 2009 Student Council, are gifting Garvin High a memorial to remember...” (Brown 396)

While it is evident that the terrible experience of the shooting cannot be completely forgotten, the students appear to be ready for proceeding as their feelings of hatred relinquish. Hence, not only Valerie is able to cope, but also the entire school community seems to be recovering from their trauma.

5.2.3. Symbolic Representations

Since Valerie’s traumatic experience results in seclusion and self-accusation, she sparingly exchanges with other people prior to her recovery. Due to her deprivation of social discourse, Valerie feels the urge to process her intimate experiences otherwise. Equally as the Hate List seems to have been a diary surrogate to Valerie, where she would unleash and focalize her resentment about the people surrounding her, she expresses her most inner feelings artistically in her drawing book. These drawings, in turn, indicate Valerie’s repressed feelings to the reader in a symbolic way. For instance, in one of the sketches her once closest friends’ backs are constituted of brick walls, which might imply their remorselessness and unapproachability (see Brown 214). Another drawing shows Valerie’s name in a tear dripping from her mother’s eyes, representing herself as being a disappointment to her and her mother’s source of sorrow (see Brown 265). What is more, it is not only the drawings, but also the book itself that entails symbolic character: “My fingers curved around my notebook, which before had always been like a fun pair of eyeglasses that would allow me to reflect the world as it really was, but now

felt like a big shameful secret” (Brown 265). Thus, one can again perceive Valerie’s uncertainty and shame about herself and her feelings.

Furthermore, towards the end of the story, Valerie’s notebook once more is of significant importance. This time, however, its meaning is not connoted with negative associations anymore. Subsequent to their high school closing ceremony, the student body decides to bury a time capsule containing different signifying artifacts. Interestingly, Valerie contributes her notebook and, representative for Nick, his copy of *Hamlet* (see Brown 403). As for the notebook, it may signify Valerie’s perceived reality and her compulsion to hide it. Being able to dispose herself of her sketches might indicate that Valerie is no longer in need to keep her sentiments private, as she regained trust in others. Simultaneously, the time capsule may symbolize the students’ disposition to letting go of their past, burying their reminders of dreadful times. Thus, by literally interring these artifacts, the students bury their frightful past.

Another reoccurring imagery is conveyed when Valerie recounts about her imaginary journeys while shutting herself off in her room:

I curled up around my pillow and stared at the horses printed on my wallpaper. Ever since I was a little kid, every time I got in trouble, I’d lie on my bed and stare at those horses and imagine myself hopping on one of them and riding away. Just riding, riding, riding, my hair swimming out behind me, my horse never getting tired or hungry, never finding another soul on earth. Just open possibility ahead of me into eternity. (Brown 11)

Since her early infancy the horses have proven to be an escape from all her sorrows and problems. Likewise, as an adolescent who suffers from a traumatic experience, she feels relegated and experiences herself as helpless as a child, retreating to the safety her dreamscape entails. During the course of the novel, however, Valerie’s perception as well as her attitude towards the wallpaper seem to have changed: “I’d gone home and packed, leaving the suitcase open on my bed, next to the horses on the wallpaper, which were – as they’d always been, of course – completely motionless” (Brown 405). Hence, Valerie obviously matured through her trauma work and learned to face her hardships rather than escaping from them.

Finally, at the very end of the novel, Valerie imagines herself on a train she would take after her graduation. This suggests the protagonist’s perpetual progress and that she is able to move on with her life. As Valerie feels no longer stagnant and oppressed by the heavy burden of her trauma, she can recover at a rapid pace. Moreover, her change of location might equal a change

of perspective. While she has been disoriented and lacking prospects for a long time, Valerie eventually manages to get back on track and give direction to her life.

5.2.4. Narrative Situation and Structure

By leafing through the novel, one can instantly notice that both structure and narrative situation are rather unusual. As concerns structure, the novel comprises several types of texts. First of all, the narration entails a main text, the homodiegetic narrative rendered by the protagonist Valerie. In addition, the novel includes conversations via e-mail, seemingly isolated single-phrase quotations, and various newspaper articles reporting on the unfortunate event. These different text types contrast with the core storyline in terms of organization and character font. In line with Gibbons's definition, this could be considered a multimodal style, since multimodality involves "a plurality of semiotic modes in the communication and progression of [a] narrative" (2). The different modes entail, among other features, unconventional text design and layout, diverse typography or a blend of different genres, as it is the case with Brown's novel. The style is applied on the one hand, to emphasize the novel's self-consciousness, similar to intertextual references, and on the other hand, alters the addressee's reading experience (ibid. 2). Insofar, the narrative is rendered in a significantly vivid fashion, as the different modes ensure variation and therefore might increase curiosity and attention. Likewise, the reading experience is more authentic since readers are confronted with different text-types and styles that carry various layers of meaning from which they can extract a multitude of information.

For instance, certain passages involve a third-person narrative mode, namely interspersed newspaper articles by a journalist known as Angela Dash. As the media is ubiquitous for the characters in the narrative, a new lurid article appears every other chapter. This seems to convey a glimpse of the media's impact in collective trauma, both in the novel as well as outside fiction. In reality, not only the portrayal of collective trauma and its aftermath is frequently inaccurate, but victims of collective trauma experience the media as intrusive and harassing (e.g. Hawkins et al. 216-217). As concerns Valerie, the media has a similar intruding effect. Since she is constantly confronted with images and memories of the traumatic event, the omnipresence of the shooting in the media adds even more to her suffering: "I didn't know what to think of it, other than the idea of facing all those people – the grieving ones who were screaming for justice every time I turned on the TV or opened a newspaper or saw the cover of a magazine – still made me feel sick to my stomach" (Brown 198).

Furthermore, the newspaper extracts are used to contrast Valerie's subjective view on the cataclysm to an alleged objective perspective. However, the language used in these articles is far from being neutral. The report includes sensational quotes and vocabulary, in order to render an even more dramatic portrayal of the tragedy and the victims' suffering. Since Valerie perceives the media coverage of the shooting as exaggerated and deceitful, she expresses her indignation about the medial representations of the disaster. What is more, she seems to be taken aback by the fact that even her own mother falls for the biased and incomplete illustration of the shooting and its aftermath:

She actually believed the news reports. The ones that said we were all holding hands and talking about peace and love and acceptance every day. The ones that said kids are "incredibly resilient, especially when it comes to the concept of forgiveness." I often found myself wondering if that reporter, Angela Dash, was for real. Everything that woman wrote was a total joke. (Brown 213)

The juxtaposition of how Valerie herself experiences the tragedy and how it is represented by the media demonstrates how victims of collective trauma not only suffer from the impact of the event itself but also are constantly reminded about their trauma by external parties. In addition, they are frequently confronted with misconceptions and false accusations due to unilateral journalism.

Apart from adding different perspectives to the narrative, the structure of the novel serves a further purpose concerning its content. The novel is composed of four parts and subdivided into 44 chapters. While at the beginning of the novel the chapters seem to be rather disheveled, as concerns text types and chronology, towards the end, the narrative becomes progressively homogenous and linear. On the one hand, the initially somewhat confusing structure of the novel mirrors Valerie's repeated re-experiencing of the traumatic event, whereas on the other hand, it corresponds to her healing process.

During the first and second part of the novel, chapters alternate between the time before the shooting and the aftermath of the trauma. This might reflect how Valerie revisits the day of the shooting over a long period, remembering horrid details of the disaster. Moreover, these recollections are introduced by singular exclamations attached with date and time, e.g.:

MAY 2, 2008
7:37 A.M.
"Oh my God! Somebody! Help!"
(Brown 77)

These isolated phrases achieve several impacts on the addressees' interpretation. First, these quotes ought to represent flashbacks, since through their placement on separate, almost blank pages they are emphasized and perceived with a determined intenseness. Just as flashbacks are not conceived as mundane memories, but are experienced in a vigorous way, these lines stand out from the rest of the narrative. In addition, the phrases foreshadow what is going to happen on the following pages. Thus, the readers may anticipate the plot and, consequently, suspense is created.

Furthermore, the chapters of part three are predominantly preceded by newspaper articles. At this stage, Valerie's symptoms seem to be on the point of abating, as the flashbacks and leaps in time decrease. However, what Valerie still has to endure, are the dreadful expositions by the media. The accumulation of newspaper articles in this chapter might represent the persistent pursuit of sensation by the journalist Angela Dash. Only after a while, the reports cease to appear prior every chapter. This gradual decrease of articles, in turn, may indicate the decline in interest about the atrocity. In addition, the chronological order of events is finally restored, which seems to be in concordance with Valerie accepting her trauma and resuming to dedicate her attention to the present and future. Since the protagonist is no longer pestered by her inhibiting memories and their recurrence in the media, she is able to devote herself to recovery.

Eventually, the final part resembles an epilogue and is preluded by a Shakespearean quotation from *Hamlet*, originally uttered by Claudius, the treacherous uncle of the Danish prince: "*Alas, how shall this bloody deed be answer'd?*" (Brown 391). Although Shakespeare's play ends tragically, for Valerie a new significance is added to the quote, which is rather hopeful than miserable. While in *Hamlet*, the death of the lead character's father is avenged, the protagonist in Brown's novel strives for a more peaceful conclusion, as she finally finds a way to deal with the death of her boyfriend and the suffering he caused. In the end, Valerie does not desire to seek blame anymore and also her schoolmates begin to dismiss their hateful feelings and display a reconciliatory attitude towards the occurrences during the last school year.

5.2.5. Intertextuality

Speaking of Shakespeare's *Hamlet*, the novel contains several allusions to both popular culture and literary classics. These include references to popular musicians and music ensembles such as *Flogging Molly* and *John Lennon*, works of non-fiction like *The Gift of Fear*, TV series as

well as fairy tales. However, most commonly referenced are literary works at a variety of genres.

To begin with popular culture, Valerie for instance experiences her psychiatric treatment at the hospital as unpleasant and therefore compares it to a film scene: “[...] I must have been screaming, although I didn’t feel it. All I could think about was tenth grade Common Arts class when we watched *One Flew Over the Cuckoo’s Nest*. All I could think about was Jack Nicholson screaming at the nurse about wanting the TV on and the creepy blank-faced Indian and the nervous guy in glasses. (Brown 175-176). Hence, by establishing reference to this film, this passage vividly illustrates how absurd Valerie perceives the inpatient residual program and how trapped she feels.

Furthermore, as concerns literature, there are numerous references to popular novels. Especially Nick seems to appreciate works of fantasy and science fiction. He is intrigued by *The Lord of the Rings* trilogy, the *Artemis Fowl* series and a copy of *Ender’s Game* (Brown 138). Since the protagonist’s boyfriend feels misunderstood and intimidated by his contemporaries, he is no longer willing to deal with the circumstances of reality. Therefore, he escapes into fantastic fiction, characterized by magic and wonder, in order to customize his own world as he wishes it to be. In doing so, he creates himself his own intimate place of refuge, thoroughly sealing himself off from the harsh conditions of actual reality.

More importantly, Nick seems to be even more fanatic as concerns Shakespearean drama. As has been already indicated on several occasions, the plays of Shakespeare are of particular importance to the extension of the plot. The works explicitly referred to are listed in the order they appear in the novel:

- Romeo and Juliet (20, 137, 174, 351)
- Macbeth (136, 139)
- Othello (136, 138, 139)
- A Midsummer Night’s Dream (137)
- Hamlet (137, 138, 173, 204, 391, 403)
- King Lear (139)

Strikingly, all of the works referenced, except for *A Midsummer Night’s Dream*, are classified as tragedies, featuring impaired protagonists. As it seems, Nick clearly identifies himself with the characters in each drama and the unfortunate fates they have to endure. In retrospect, Valerie notices that the themes of the plays were particularly appealing to him: ”Nick liked death. From day one when he was sprawled across his bed talking about how Hamlet should have killed

Claudius when he had the chance, Nick had talked about death. But they were just stories, that's all. He recounted movies, books, all with tragic and meaningful death scenes. He talked about news reports and crime reports. It was just his thing" (Brown 173). It appears as if literature and other forms of media had an enormous influence on Nick. They might have inspired his desire for vengeance, and vice versa, he enjoys reading stories of death since they are in alignment with his suicidal longing.

Furthermore, it is not uncommon for young adult literature to feature references to canonical texts, i.e. Shakespearean works, as Isaac argues:

Even these seemingly diverse literary traditions are inseparably linked – they inform and comment on each other through a literary technique often labeled *intertextuality*. Teaching Shakespeare and young adult literature as complementary aspects of literary, artistic, and social history offers an opportunity to inform and strengthen both approaches to education and curriculum design, even to reveal that they are two sides of the same coin. (ibid. xi)

It can be argued that young adults should be introduced to fiction written for their age group in correlation with universally appreciated canonical texts to enhance an integrated understanding of literature. Hence, the intertextual references to Shakespeare anticipate the issues treated in his plays and introduce young readers to their storylines.

Finally, it is emphasized that being acquainted to both texts, the original version as well as the intertextual adaptations in young adult literature, motivates comprehension and assigns new significance to them:

[C]anonical literature, especially Shakespeare, informs the characters, plots, and interpretations of many recent books for middle- and high-school-aged audiences. [...] [T]hese popular novels and Shakespearean plays reveal multiple layers of meaning when read in tandem. Each may be a good story by itself but knowing both texts makes them even better. Every new piece of literature has the potential to transform all the art that preceded it. These transformations maintain our connection to the past at the same time as we adapt the old to fit the circumstances of a new day. (Isaac xi)

The establishment of relationships to the past and the treatment of centuries-old problems from the perspective of contemporary literature not only reinforce comprehension of these issues but attribute a completely different meaning to them. Regarding this, there are several parallels between the novel and Shakespeare's plays as concerns characters, plot and themes. For instance, like Hamlet, Nick is described as melancholic and depressive or just as Romeo and Juliet are star-crossed lovers, so is Nick and Valerie's relationship interfered by factors beyond their control. Yet, Valerie is able to transform the fatal conclusions of Shakespeare's stage

plays, turning them into a narrative of esperance and prospect. Hence, the intertextual references not only visualize certain aspects of the storyline, they also highlight literature's potential for transformation and adaption against the background of diverse social and historical realities.

5.3. Hypnosis and Re-Experiencing in Kate Morgenroth's *Echo*

Considering the final example of young adult trauma fiction, *Echo* by Kate Morgenroth displays a rather unusual and experimental character. The focus of the novel lies on the main character Justin and, in particular, his extraordinary response to his trauma. At the beginning of the novel the reader learns that the protagonist witnessed a terrible domestic accident, whereby his younger brother Mark got hold of a gun hidden in their parental bedroom and shot himself. A year after the incident, Justin believes to be insane as he suddenly begins to hear a strange voice inside his head. Since then, he re-experiences the anniversary of his trauma repeatedly with frightening clarity. However, at the end of the novel, it transpires that Justin is not crazy at all, but on the contrary, he is on his way to recovery. He revives in a psychological office and recalls that he agreed to undergo a specific form of hypnosis in order to resolve his trauma.

In general, Morgenroth depicts Justin's trauma by closely relating the novel's content and its form, creating a rather obscure reading experience at the onset, while providing informative cues to allow for assumptions concerning the outcome of the story.

5.3.1. Symptomatic Manifestations

Although the story is set a year after Justin's trauma unfolded, it becomes visible that the protagonists' condition degenerates and his symptoms suggestive of PTSD are worsening. According to Pollock it is not uncommon for symptoms of PTSD to increase and intensify even a year after the trauma since the anniversary is "significant as a releaser", hence the term "anniversary reactions" is applied to this delayed reaction (362). As a response to the anniversary of his brother's death, Justin exhibits a range of symptoms across all four categories.

First, different varieties of intrusion symptoms are most vigorously represented in the novel. The protagonist frequently suffers from forceful memories, hallucinations and dreams, not only at night but also by day. Since the protagonist regrets the absence of his younger brother, he vividly visions him in his reveries:

He closed his eyes – for only a second – and when he opened them again, he saw something that sent a jolt through his body. He saw his brother’s face in the square pane of glass in the closed door. Mark was making faces, pulling the skin beneath his eyes down and sticking out his tongue. Then suddenly he stopped, his expression turned serious, and he said, “You’re not paying attention!” (Morgenroth 24)

Although these fantasies are rather inoffensive, they nevertheless indicate that Justin is constantly occupied by the loss of his brother.

However, the narrative contains severely agitating representations of Justin’s re-experiencing as well. There are several passages in the novel involving Justin imagining to see blood stains or pools where actually none exist. These intrusive images frequently reappear when the protagonist perceives reddish fluids that remind one of blood in color and texture. For instance, during a confrontation at the school cafeteria, a fellow student of Justin’s mischievously stains his clothing: “And when Justin looked down at himself, he blinked. On his shirt the ketchup had somehow transformed itself into blood. Blood again. First it was blood on the kitchen floor. Now it was blood on his shirt, his hands, his face. He could taste it on his lips. Like a year ago when Mark ---“ (Morgenroth 74). Even loosely associated situations relegate the protagonist into his traumatic past, since, according to Allen, re-experiences can be easily and swiftly triggered by stimuli related to the trauma (see *ibid.* 174).

Furthermore, similar intrusive images emerge repeatedly in Justin’s dreams. Almost every night, the protagonist is haunted by recollections of the accident and intensely lives through his trauma again. While the content of his nightmares is always the same and the ending turns out to be similar disastrous, there are slight changes in action. In some versions, Justin strives to snatch the weapon from his brother, whereas in another scenario the protagonist himself raises the gun and aims at the victim (e.g. Morgenroth 54, 90). These alternative variants of Justin’s trauma seem to suggest, that on the one hand, he desperately wishes to have saved Mark, whereas on the other hand, he simultaneously feels guilty for the accident as he was not able to rescue his brother. Therefore, his nightmares do not only arouse memories of the traumatic experience itself, but also trigger feelings of despair and remorse.

As remembering Mark evokes negative emotions, Justin carefully avoids to preserve his brother’s memory on purpose. Hence, the protagonist refuses to commemorate Mark at his memorial, although he is delicately recommended to do so by his parents (see Morgenroth 96). Likewise, Justin refrains from other venues that strongly remind him of his brother’s absence. For instance, Mark’s room has become a rejected place for Justin: “He walked down the hall

and stopped in front of his brother's bedroom door. It was shut. It was always shut. Justin knew that his mother often went in and sat. His father did sometimes too. Justin never went inside. And he didn't go inside now. He simply stood there. Then touched the door lightly with his fingertips" (Morgenroth 123). Anxious of entering the room, it can be noticed that Justin nevertheless feels related to his brother. As it seems, Justin deliberately avoids these places, not because he does not want to be reminded of his brother, but because remembering him is deeply painful.

Furthermore, since Mark's death, Justin's mood seems to have changed drastically and he cannot experience pleasure anymore. For instance, he lacks interest and drive concerning leisure pursuit: "[...] he was an athlete: soccer in the fall, swim team in the winter, and track in the summer. Though of course he had quit in the middle of soccer last year and hadn't done any of the teams since. The strange thing was that he used to love playing sports more than anything, but now he barely missed it at all" (Morgenroth 26). Apart from cancelling most of his sport classes and recreational activities, he cannot even find consolation in the season he once had relished for the sake of its soothing effect:

Fall had always been his favorite season. He knew most kids said they liked summer best, but that was usually because of summer vacation. When it came to the season itself, there was something about the turning leaves and the freshness of the air in the morning – just cold enough to tingle inside his nose – that made him feel happy and somehow melancholy at the same time. But he didn't feel the same way about fall anymore. It had been fall when Mark died. And now, of the happy-melancholy feeling only the melancholy remained. (Morgenroth 15-16)

Instead of enjoying the temperate weather conditions and the sentiment fall used to imply for Justin, he decays into mourning his brother's loss, as the season reminds him of the misfortune. This listlessness displayed by the main character points to the assumption that he is not only sorrowful but even depressive (see Allen 62).

Next to changes in mood and sensation, the protagonist seems to display alterations in arousal and reactivity, another indicator to PTSD as proposed by the DSM-V (see *ibid.* 272). As a consequence, Justin reveals to be hardly responsive to his environment. This can be assumed by the fact that he has difficulties to follow extended speech or concentrating in class. Interestingly, Justin appears to be aware of the underlying cause for his lack in concentration and attention: "He didn't know the answer when he was called on in math, and he got kicked out again for falling asleep in history. He wondered if that meant something – that he couldn't seem to stay awake in history. History was something he wanted to forget. Something that

caused him to retreat into the oblivion of sleep” (Morgenroth 105). It seems as if Justin has become exhausted by his disconcerting thoughts and memories, and therefore desires to have a rest from his traumatic past.

Furthermore, the protagonist not only relinquishes participation at school and neglects his formerly appreciated leisure time occupations, he also ceases to cultivate valuable relationships with his relatives and friends. This disregard turns out to incriminate his mental health even more, since he refrains from committing himself to others. Hence, by keeping his feelings and thoughts private, Justin lacks an important resource for resolving his trauma. As it happens, the protagonist’s emotions seem to accumulate and therefore, he exhibits a highly aggressive behavior. Especially when others show empathy and offer their support, Justin displays a hostile attitude. In a conversation with his principal about his conspicuous behavior, the protagonist eventually loses his temper:

“I’ve tried to make allowances for your situation, but there comes a point when allowances turn into excuses.”

Justin gritted his teeth to keep from yelling back at him – to keep from asking him, at what point did you get over your brother getting his brains blown out so they splattered all over you?

[...]

“What do you want me to help me with?”

“We want to help you move past this,” Mr. Franks said.

Finally, Justin allowed himself to say what he was really feeling.

“Move past this?” he practically spat. “How the hell am I supposed to move past it? It happened. It’s not about to go away.”

“It happened a year ago,” the principal pointed out.

“Yeah. To the day.”

Mr. Franks looked up sharply.

“It was a year ago today?”

Justin shrugged.

“I didn’t realize it was a year ago today,” the principal said. “Is there a memorial service?”

“Yeah. My parents are having something.”

“I didn’t hear...”

“They didn’t want to make a big deal of it,” Justin said. Thank god, he thought.

[...]

“I’m sorry. I didn’t know,” Mr. Franks said again.

“Yeah. Can I go now?”

Mr. Franks said, almost humbly, “If that’s what you want.”

Justin got up to go. He had just reached the handle of the door when Mr. Franks spoke again. “I’m sorry if I was hard on you.”

Somehow that was just too much. Justin couldn’t take the sympathy. It seemed to release the huge ocean of emotion that he was barely managing to keep contained.

He turned back and gave the principal the finger. (Morgenroth 113-115)

From this excerpt it can be inferred that Justin's anger stems from his inability to expose his true emotions. His resistance and unwillingness to cooperate indicate that he thoroughly tries to conceal his feelings, however, he does not manage to entirely keep them to himself. Hence, his oppressed emotions finally manifest themselves in outbursts of rage.

Another aspect that indicates alterations in cognition and mood is Justin's highly aggressive behavior. The protagonist is not only harsh in tone and gestures, he even incites fights with his contemporaries and participates in other acts of violence. Thereby it is revealed how reckless he behaves, since he severely injures his best friend. Believing him dead, Justin despairs and cannot bear his horrible experiences anymore. Therefore, the protagonist decides for a terminal escape from his suffering:

Once he was in his bedroom, he sat down on the edge of the bed and said, *It'll be over now, won't it?*

"Yes."

He carefully shook one pill out onto his palm and swallowed it. Then a second. And a third. They went down so easy that he started swallowing them by handful, until the bottle was empty. Suddenly he found he was crying again.

I killed them, he whispered. I killed them both.

"No, Justin. The only person you really tried to kill was yourself."

But Justin wasn't listening. He was so tired. Too tired to even sit up.

[...]

Justin gradually stopped crying. He didn't even feel bad anymore. All he felt was a wonderful floating feeling. His bed was a raft, and it was floating. Going out with the receding tide. Taking him with it. He was already very far away when he heard the voice of his mother. She was crying and yelling and pulling at him. Trying to roll him off the raft. Then his father's deeper voice, and his father's arm, scooping him up as if he were a baby again. He couldn't hear the words, but he knew what they were saying. They were calling for him to come back. He tried to move his lips, he tried to tell them that it was too late.

He was already gone. (Morgenroth 124-125)

This scene tremendously describes how determined Justin seems to be in his attempt to commit suicide. Sadly, he is too exhausted to proceed with his life and therefore seeks to evade his trauma by killing himself. After all, it can be noticed that he perceives himself as responsible for the horrible events that haunt him and his intensive feelings of guilt force him to end his life.

5.3.2. Justin's Process of Recovery

Concerning Justin's healing process, hardly any progress can be noticed in the course of the novel as the excerpt about his suicide attempt above suggests. However, shortly before the story

concludes, it is revealed that the whole narrative is part of the protagonist's hypnotherapy. Due to his suicidal tendencies, Justin requires medical counselling in terms of physical and psychological care. As concerns psychological intervention, the protagonist is introduced to Dr. Rayden, a psychiatrist specialized in the treatment of trauma victims. In retrospect of Justin's first appointment, Dr. Rayden is characterized as a professional and experienced practitioner:

When Justin had entered, Dr. Rayden hadn't even smiled; he'd simply instructed Justin to take a seat. Then, in a business-like voice he had told Justin about his background. He said he'd been a doctor in the army, and his specialty was treating soldiers suffering from post-traumatic stress disorder. He explained that he used hypnotherapy to bring the patient back to the time of the trauma in order to re-experience the event. He said that the standard technique was called exposure therapy where the patient simply reimagined the event, but he'd had even more success using hypnosis. However, the experience was also more intense.

"You mean it really feels like you are going through it again?" Justin said.

"We call it flooding," Dr. Rayden told him. "And yes, it feels as if you are reliving it." (Morgenroth 128)

In terms of psychological practice, such a treatment is not uncommon and appears to be a promising approach towards recovery. According to Foa and colleagues, hypnotic treatment can serve several purposes in terms of trauma confrontation and management:

Hypnotic techniques can be easily integrated with diverse approaches to the treatment of traumatic stress syndromes, including exposure to trauma-related stimuli in a context that helps patients manage their reactions to them, cognitive restructuring of the meaning of the traumatic experience, and coping skills training – using hypnosis to help manage trauma-related hyperarousal. (ibid. 593)

In order to enable trauma resolution and facilitate recovery, the hypnotic approach takes place in three steps. At the initial stage, the treatment is used to promote relaxation and a feeling of security during the therapeutic intervention (see Foa et al. 593). Insofar, the patient experiences traumatic memories less frightening, which simultaneously leads to reduction and monitoring of symptomatic response. This initiation phase is also referred to in the novel: "Justin asked his mother to call and schedule another appointment. Then they began the preparation. Session after session. Talking about everything in detail beforehand. Practicing the hypnosis so that Justin would be comfortable going into the deep state that Dr. Rayden said was necessary for this kind of work (Morgenroth 129).

After the introductory phase, when the patient feels comfortable and ready to return to his initial memories, the victim is encouraged to work through and cope with traumatic re-experiences by distancing him- or herself emotionally and cognitively from intruding memories (see Foa 593).

To conclude treatments properly, in the final phase, the focus lies on “a more adaptive integration of traumatic experience into the patient’s life, maintaining more adaptive coping responses, and furthering personal development” (ibid. 593). Here, victims manage to integrate their trauma and enter a process of attention regulation which provides the basis for establishing a positive self-concept and personal growth.

The flooding treatment referred to by the protagonist’s psychiatrist above, then, is a specific technique of hypnosis and is used for trauma transformation and the treatment of PTSD (see Herman 181). According to Herman, flooding is a “behavioral therapy designed to overcome the terror of the traumatic event by exposing the patient to a controlled reliving experience” (ibid. 181-182). The main feature of the treatment is the patient’s present tense narration of the traumatic event “while the therapist encourages him to express his feelings as fully as possible” in a series of sessions (ibid. 182). The reason for the widespread approval of this method among therapists and patients are its remarkable outcomes as concerns symptom reduction and coping (see ibid. 183).

In the novel, the flooding procedure is portrayed equally in terms of conduct and efficiency. At the opening of the narrative, during his first recollection, Justin immediately becomes acquainted with the voice of his therapist while he performs his daily routine:

“Wake up.”

The voice reached Justin through his sleep, but it wasn’t a normal voice. It was a voice in his head. *“Wake up,”* it said again.

It wasn’t like talking to himself; it wasn’t his own voice he heard. It sounded deep and slightly distorted – like on television when they’re trying to disguise the person and they’ve blacked out the face and digitally modified the voice. But it was also strangely familiar. It was like when you’re having a dream and you suddenly realize you’ve had this dream before, though you never actually recalled it while you were awake.

“Wake up, Justin,” the voice commanded.

Justin opened his eyes. He half-expected to wake up in some strange, unfamiliar place, but there was his room, looking just like it always looked. Clothes were scattered so thick over the floor, you could barely see the carpet, and there were old glasses and plates on almost every surface. There was a time when his mother had insisted he keep his room clean, but that hadn’t been the case for almost a year. Since his brother died, his mother didn’t seem to care how messy his room got.

“What are you doing now?” the voice said in his head.

When Justin answered, he didn’t actually speak. He didn’t need to. The voice was inside his head, so he just thought his responses.

Just lying here, he said/thought. *The alarm hasn’t gone off yet.*

At that moment the alarm went off, and he reached out and slapped the snooze button.

It’s gone off, he amended.

“Then get up,” the voice told him.

[...]

So Justin did what he usually did. He got out of bed, picked a pair of jeans up off the floor, and put them on. Then he picked up a shirt. He was about to put it on, then he hesitated and gave an experimental sniff under the arm. He made a face and threw it away. Picking up another, he sniffed that, frowned, sniffed again, then shrugged and put it on.

Justin performed some version of the same ritual every morning, but today it felt different. It felt like he was going through the motions, and at the same time, he kept a kind of running commentary going on in his head: *Now I'm putting on my pants. Now I'm finding a shirt. Now I'm going into the bathroom.* (Morgenroth 7-8)

The fact that Justin perceives the voice as strange and distorted points to the assumption that he is already in deep trance. More importantly, just as it is described by Herman, during his trauma narrative, Justin comments on his actions in present tense and exchanges information about his experience with his inquisitor. However, Justin does not merely recount banalities, but there are some key events, where he is extensively interrogated about his internal conditions:

Everyone seemed to be able to move easily through the crowd – except for Justin. He was jostled on all sides. A student elbowed him. Another shouldered him roughly. As he tried to get out of the way, he was bumped by someone else.

"Are they doing that on purpose?" the voice asked him.

What do you think? Justin said.

"Why would they do that?"

Because in high school there's always got to be an outsider. It's the only way the "in" people know they're "in". They need someone who's "out."

"And you're that person?"

I'm one of them. Well...at least now I am, Justin amended.

[...]

When he looked up, what he saw made him freeze.

"What is it?" the voice asked. *"What do you see?"*

Billy, Justin answered. *I see Billy.*

Billy had been his best friend – but that, like everything else in Justin's life, had changed after the accident. Justin had soon discovered that you didn't go from being best friends to being nothing, neutral. It didn't work that way. If you weren't best friends anymore, then you had to be enemies.

"So," the voice said. *"How do you feel about seeing Billy?"*

I see him every day, Justin said.

"That doesn't answer my question."

I don't feel anything. I don't care, Justin responded, with more bravado than truth. (Morgenroth 18-19)

This passage shows that Justin's therapist is more interested in Justin's thoughts and emotions than about what can be easily perceived on the outside. Although the protagonist does not entirely open up in his initial session, refraining from exposing his true emotions, it is nevertheless noticeable that he is encouraged to interpret and evaluate situations to disclose their meaning. Thus, this in-depth reflection can be considered as an integral part of the flooding experience.

During the following sessions, Justin recollects the day in ever increasing detail. He seems to be progressively revelatory and even changes preconceived opinions about others' intentions and feelings. For instance, at first view the protagonist frequently mistakes others to be rude and disregarding, however by revisiting his memory repeatedly, Justin notices that his contemporaries reveal a benevolent and compassionate attitude towards him and his heavy fate. For instance, a scene at the school bus shows how he initially experienced a coincidence with a girl on the school bus:

Justin felt his face flush with embarrassment, and he looked around, desperate for somewhere to sit. His eyes fell on a pretty girl. She had long blond hair – silky and smooth, exactly like the hair you see in shampoo commercials – and she was sitting alone, her book bag on the slick green vinyl next to her.

She glanced up and caught him looking at her. “You wanna sit *here*?” she said, as if it were the most ridiculous thing she’d ever heard. At the same time, she put her hands on her bag as if to barricade the seat.

“No,” Justin muttered, moving past her toward the back of the bus.

“That wasn’t very nice of her,” the voice observed.

Welcome to high school, Justin said. *The kids are all like that.*

“Not a single nice one?”

Not to me. (Morgenroth 15)

The scene suggests that Justin feels excluded and ostracized by his peers. However, by comparing this passage to a matching scene at a later point in the novel, it can be instantly recognized how Justin misinterpreted the girl’s utterance:

“You can sit here if you want,” she said quickly, as soon as she felt his gaze on her, and she reached over to move her bag out of the way. In her reaction Justin sensed the same tinge of fear he had seen in the other boy’s face; but the fact that a girl was scared of him didn’t make him feel powerful. It made him feel like a monster. And, somehow, it made him act like one too. He heard himself saying viciously, “I wouldn’t sit there if you paid me, pizza face.”

The kids near enough to overhear started to laugh.

The girl turned her face away quickly, trying to pretend like she didn’t care, but Justin knew better – because he’d spent so much time feeling just the same way. He knew all about knowing that you weren’t quite “right,” that you didn’t fit in, that everyone was staring and pointing and laughing. And now, he thought bitterly, here he was, doing it to someone else.

Justin hurried past the girl and slid into an empty seat at the back of the bus, but he couldn’t get it out of his mind. He wondered if it was like a kind of chain: You felt this way, and that made you turn and attack someone else and pass along the feeling, and they did the same, and on and on and on. It was like some sort of virus – one that you spread intentionally. He looked up, and out of the window he saw the building that was like a petri dish for the virus.

They had arrived at school. (Morgenroth 99)

Since Justin himself feels uneasy and irritated, he believes others to be similarly displeased and therefore misconceives sympathetic offerings as belligerent replies. Interestingly enough, by re-experiencing his past, Justin does not only reflect on other's intentions, he also revises his own behavior. Thereby he recognizes that his emotionally charged perceptions do not correspond with actual reality. The protagonist concludes that he causes these feelings of reluctance himself, which are mirrored in his behavior towards others. Thus, his re-experiences are a means to both external assessment and self-reflection, whereby Justin gains a deeper understanding about inner processes and their influence on behavior. Only by comprehending this interplay can he provide sense to his experiences and commence to work through them.

In the end, Justin is able to fully restore his memory through the flooding treatment. During a concluding conversation he reports on how he feels after the final session. When the protagonist is encouraged to retrace his former intentions to commit suicide Justin confesses that he merely wanted to escape from his horrific past. Thereby he notices that his attitude towards life has changed considerably:

"I wanted to forget everything," Justin said quietly. "I wanted to forget I even existed."
"And you nearly succeeded. The intern who treated you in the emergency room said it was a close thing. Very close."

They were silent for a moment.

Then Dr. Rayden asked, "And now? Do you still wish you had succeeded?"

It was a question Dr. Ryden had asked several times over the last month. Justin's answer had always been the same: an unhesitating "yes."

He opened his mouth to respond – with the same answer, of course. But then, for some reason, he paused.

"What is it?" Dr. Ryden asked.

It was the same question Justin was asking himself. What was it? What was keeping him from answering? Then he realized.

It was because the old answer wasn't true anymore.

But even as he realized that the old answer wasn't true, Justin also knew that it didn't make sense. But somehow, something had changed. (Morgenroth 130)

Although Justin does not seem to be certain at the moment of the conversation what exactly has changed, at a later point he discovers that his perspective on the accident and his attitude towards his accountability altered. In a dialogue with his mother, who herself is plagued by a guilty conscience, Justin ultimately realizes that his brother's death was not his fault:

Afterward he, too, had gone through the "what-ifs." What if he had done something else? What if he had at least tried to get the gun away from Mark? What if he had managed it? But whatever scenario he came up with during the daytime to change the course of events, that night he would dream it, but in the dream the ending was always the same. Mark always died. It was Justin's brain telling him that no matter how many

different ways you imagined it, you couldn't change it. All you could manage to do was torture yourself.

Like his mother was doing now.

"It wasn't your fault," Justin told her, even though he knew it wouldn't do any good. He knew the door of that particular prison could only be opened from the inside. He could see the futility of his words in the sad smile she gave him. (Morgenroth 134)

It can be inferred that Justin gradually gains a better understanding about his role in the incident. After all, he knows that he could not have done anything to save his brother. Instead of agonizing himself with what-if scenarios, he finally manages to accept his past, which is an important step for Justin to overcome his trauma.

5.3.3. Symbolic Representations

As concerns symbolic representation, the novel offers a range of imagery to vividly illustrate Justin's mental condition. These symbols are frequently used to contrast inner and outward perception. Thus, in allusive manner, the reader learns about the protagonist's internal unrest and how it contradicts with his sensation of external reality.

For instance, there are various references to scenery in connection with Justin's current psychological state. Since the protagonist displays a rather melancholic disposition and desires privacy, he frequently contemplates his environment. Thereby he compares the seemingly flawless world to his disordered internal condition:

There was a depressing sameness to the houses. They all had neatly manicured aprons of grass – thanks to the gardeners – with a few tastefully landscaped trees and bushes. The gate at the entrance was supposedly to keep other people out, but Justin felt trapped by it – trapped in that nice, clean, orderly version of the world. The image didn't fit his reality.

"You don't like where you live?" the voice asked.

I'd rather live in the slums, Justin said.

"Why?"

Because maybe then there would be more ugliness on the outside than on the inside. It wouldn't be such a lie. (Morgenroth 14)

This scene elucidates that the protagonist's emotional state considerably goes against with his decent surroundings. The fact that Justin perceives his environment as disagreeable with how he feels suggests that his own world collapsed, while on the outside, everything remained intact. Hence, what is visible on the outside does not match his indiscernible chaos of emotions. He would feel more content if his surroundings fit his inner state, since he perceives himself as deficient due to his poor mental health.

Furthermore, some passages indicate that the protagonist craves for a time unmarked by trauma and suffering. Therefore, he frequently indulges in reminiscences about the past before the accident:

He glanced over and saw that he was passing the glassed-in trophy cabinet. He stopped to look at the trophy the soccer team had won two years ago. He'd only been a freshman, but he had scored the winning goal in the championship game. He remembered how completely and ridiculously happy he had been. He supposed that was why adults always reminisced about being kids. They somehow forgot all the awful stuff and just remembered that sense of being made so happy by something so small. (Morgenroth 26-27)

Since the protagonist currently faces enormous hardships, he is unable to experience positive feelings. As his current situation does not grant him any opportunity for rejoicing, he can only reconstruct a sense of happiness by remembering former times of achievement. Thus, the trophy might represent Justin's longing for irretrievable times of bliss, unclosing a possibility to escape into a more fortunate phantasy.

Even more significantly for symbolizing the protagonist's inner fragmentation, however, seems to be the recurrent image of the mirror. In the course of the narrative the mirror gains increasing importance, since by repeatedly recollecting his trauma, Justin's perception is subject to constant change. By initially looking at his reflection in the mirror, the protagonist does not perceive anything extraordinary:

When he got into the bathroom, he switched on the light and stood there a moment in front of the sink, staring at himself in the mirror. He did this every morning because his face in the mirror was always a surprise – not because it looked different, but because it looked the same. He kept expecting that because he felt so different on the inside, it would eventually have some effect – cause some sort of change – on the outside. But it was always just the same stupid face. (Morgenroth 8)

Since Justin is aware that traumatic incidents like his are life-changing experiences, he assumes that his emotional disturbances would also have an effect on his external appearance. Contrary to his expectations his outward condition does not change, which again suggests a discrepancy between internal and external perception. However, at a later stage, Justin cannot bear his image in the mirror anymore since his earlier discerned compunctions result in self-hatred:

Finally, he looked at himself in the mirror. It was the same stupid face looking back at him, and he felt a wave of disgust. He spit [sic] the pill out. He spit as if he were spitting at himself, and he got it dead on. It hit his reflection right between the eyes – but this time it didn't just bounce off harmlessly. When the pill hit, there was a sharp crack. The mirror shattered as if the pill had been a bullet. Justin stood there, staring, his image in the mirror stared back, splintered into a hundred pieces. (Morgenroth 56)

The fragmented reflection points to the assumption that Justin's self-perception was shattered through his trauma. Since his traumatic experience apparently scarred him, he seems to have severe identity issues and therefore cannot endure looking into the mirror anymore. Lastly, Justin recognizes what really destroys his self-concept:

Now that he was looking in the mirror, Justin found himself staring at his reflection. The eyes in the mirror narrowed, the face twisted, and the expression was so ugly and bitter he barely recognized it. But a second later he did – because that's when he felt the emotion he saw reflected in the mirror rising inside him like a tidal wave. It flooded over him, swamping him. He felt like he was drowning in it. It was hatred. And loathing. And disgust. And it was all for that stupid face in the mirror. And then his fist was in the air, and he was smashing it against the glass, splintering his reflection into a hundred little fragments. He let his hand drop back to his side, staring at the spiderweb of lines that now decorated the mirror. It wasn't any magic that had shattered the glass; it wasn't a pill with the force of a bullet. He wished it had been. Somehow, he felt like that had actually been less frightening. (Morgenroth 92)

This scene suggests that the mirror signifies cognitive reflection. Justin finally seems to realize that the bullet may have been the cause for his suffering, however he himself perpetuates his negative self-image. In the end, Justin is able to clearly perceive his negative emotions, which are by now also visible on the outside. Thus, Justin is forced to see the unvarnished truth, the way he truly feels about himself. For an extended time, the protagonist has put his efforts into disguising and denying his most inner feelings. Yet, he discovers the extent of his repressed trauma by seeing his emotions marking his reflection, which, unsurprisingly, scares him. Nevertheless, admitting his negative feelings and acknowledging his impaired self-concept ultimately enables Justin to retrace them and reconstruct his identity.

5.3.4. Narrative Situation and Structure

As concerns narrative situation, the novel is rendered by a limited heterodiegetic narrator. In contrast to the other novels analyzed so far, the protagonist does not tell his own story, but the narrative is transmitted by an anonymous covert narrator. Nevertheless, Justin's inner processes are conveyed in detail by means of internal focalization. The protagonist functions as focalizer, which means that the narrator has access to Justin's most inner thoughts and emotions. These sentiments, in turn, are extensively described by the narrator: "Somehow, sitting at the table with his father and mother, Justin was sure he couldn't have felt more alone – even if he were on a desert island in the middle of the Pacific Ocean. It was like being enclosed in a little personal soundproof chamber so that even if you yelled, no one around would be able to hear"

(Morgenroth 11). Thus, by means of focalization, the reader is allowed to gain insight into the protagonist's sensory perceptions, cognitions and emotions.

Furthermore, the content is rendered by showing the events, rather than telling, since to a large extent the narrative consists of direct discourse. Nevertheless, the narrator plays an essential role for the development of the plot. Even though he himself is not a character in the story, his primary function is to mediate and comment on the protagonist's actions, perceptions and interaction with others. In order to differentiate between the narrator's remarks, and the protagonist's testimonies, dialogues between Justin and his therapist are presented in italics:

Justin looked back into his cereal, but he couldn't eat. He had the strangest feeling in the pit of his stomach.

"What's wrong?" the voice asked.

Justin wished that his father had been the one to ask the question instead of the voice.

It's not my fault, Justin said sadly.

"What's not?"

What's going to happen.

"And what's going to happen?"

I don't know, Justin said, suddenly confused. *I don't know. How can I know what's going to happen?*

But somehow he *did* know. The feeling was like déjà vu but stronger...and scarier. It told him without a doubt something was going to happen. And it was going to be bad. (Morgenroth 13)

This excerpt, for instance, apart from textual outline, conveys ample information about the style of narration. First, the narrator's descriptions about Justin's behavior and perceptions are followed by discourse involving Justin's and Dr. Rayden's analysis of the situation. Secondly, the last paragraph entails characteristics of foreshadowing, indicating that the narrator is informed about the following events, and simultaneously suggesting that the main character himself already anticipates the immediate future. Lastly, the reader receives a glimpse of Justin's uneasiness during these scenes, since his emotions are explicitly outlined by the third person narrator.

Furthermore, the narrative mode of the novel adds to the content-related portrayal of the protagonist's hypnotherapeutic treatment. By applying heterodiegetic narration, the novel aims at realistically and traceably depicting Justin's journey into his fragmented past. It appears as if Justin himself is the narrator and recollects his memories from an observer's perspective, describing in detail the action he perceives. Thereby the recollection is frequently interrupted by a variety of meta-narrative, i.e. the exploration of his precise cognitions and emotions in conversation with his therapist. What is more, the narration covers the protagonist's return to a

specific life experience, which explains the protagonist's ability to anticipate consecutive occurrences.

Moreover, as could already be inferred from previous quotes, the narrative's chronology is rendered in a distorted way. The sole fact that the story develops around the protagonist's recurring return to his traumatic past practically forecloses the possibility of a linear plot. Hence, the narrative is characterized by flashbacks, temporal loops, and other instances of repetition. Thereby the chronology of Morgenroth's novel shares similarities with the inclusion of time loops as a crucial element in science fiction and popular cinematic presentations, such as *Butterfly Effect* and *Groundhog Day*. Characteristic of these medial representations is the depiction of repetitive time frames, which are "re-experienced by a character's consciousness" (Yarbro). Also common to this form of chronological presentation, which is precisely termed "retrograde remediation", is a specific plot strand reminiscent of a trial and error approach (Hermann 160). In order to escape from the recurring cycle, characters frequently pursue to learn from their past and apply their knowledge gained through re-experience to fulfill a certain aim. Likewise, Justin's endeavor to reconstruct his traumatic past is his major task in repeatedly revisiting the anniversary of his brother's death. Thus, also the narrative chronology selected by Morgenroth can be classified as a form of retrograde remediation.

Finally, both fragmentation and repetition are considered major literary devices in trauma narratives (see Whitehead 84). Therefore, the temporal structure of the novel, similar to the choice of narrative voice, mirrors the protagonist's repatriation to his dispersed memories. By revisiting this particular day continually, Justin is able to arrange his recollection and reconstruct his trauma, adding meaningful details to initially obscure situations. Hence, by means of retrograde remediation, the psychotherapeutic intervention is not only referred to verbally, but is also stylistically represented.

5.3.5. Intertextuality

In terms of intertextual references, the novel includes a range of concrete allusions to approved works of literature, popular motion picture films, but also pictorial arts, such as Monet's *Water Lilies*. These references, on the one hand seem to be utterly important to introduce the issue of distinguishing fact from fiction, which is perpetually raised during the novel, while on the other hand, they are used to emphasize Justin's suffering and his grave mental condition.

As concerns films, the protagonist seems to have developed a preference for movies with unsettling content:

Right after the accident Justin had become obsessed with war films: *Platoon*, *Apocalypse Now*, and *The Thin Red Line*. His parents were disturbed by this and tried to stop him. They didn't understand how he felt. They'd had their best friends blown to pieces in front of them. At fifteen he had the experience that most people never have in a lifetime. And the principal was sitting there telling him that at a certain point you had to get over it. Somehow Mr. Franks had decided that a year was supposed to be enough time. Justin didn't know if a lifetime would be enough. (Morgenroth 113)

Just as the main character perpetually occupies his mind with scenes of the incident, he additionally consumes movies that depict severe fates reminiscent of his own. This seems to stem from Justin's desire to be understood and therefore he compares his grief to the distress of fictional victims who are confronted with similar misery. Furthermore, as he himself observes, his traumatic experience is an extraordinary one which merely befalls a minority of people. Thus, it is not surprising that his contemporaries are hardly able to comprehend what the protagonist has been through since the accident. Therefore, in order to feel less lonely with his fears and pains, he identifies himself with the characters of these movies.

Moreover, concerning prestigious works of literature, there are recurrent references to two particular Shakespearean stage plays. Firstly, there are recurrent allusions to *Macbeth*, and, in specific, the famous scene where the main character is obsessed with enormous pangs of guilt about the murder of Banquo. The piece is introduced by Justin in drama class in order practice how to act out powerful emotions:

"O proper stuff! This is the very painting of your fear: When all's done, you look but on a stool." And Ms. King gestured toward the empty chair they had set in the middle of the stage.

"Prithee, see there! Behold!" Justin raised his arm and pointed at the seat and the ghost that Macbeth could see, but who was invisible to anyone else. He meant to do it majestically, but he felt his finger trembling. "Look! Lo!"

He remembered picking this speech, thinking that it would be easy for him. It would barely count as acting. For a while it happened to him almost every day. Mark came back in dreams that were so real. Justin could barely tell they were dreams. He would see his brother in the most ordinary situations, doing what Mark used to do, clowning around, watching TV, being a pest. Sometimes he was just his old self. But sometimes Justin saw him as he'd seen him last – with half his head blown away.

When Justin spoke next, he directed his words to the ghost in the chair. "How say you? Why, what care I? If thou canst nod, speak too. If charnel-houses and our graves must send those that we bury back –"

"What, quite unmann'd in folly?" Ms. King interjected.

But Ms. King had lost the class's attention. All eyes were on Justin now. His voice dropped to a terrible whisper.

“The times have been, that, when the brains were out, the man would die, and there an end; but now they rise again.” The harsh whisper died out and Justin stood on stage, staring at the empty chair.

For several seconds he stood rooted to the spot, and he stared so intensely at the empty chair, most of the class had to look as well, just to check to make sure there wasn't someone there. (Morgenroth 108)

It can be noticed that Justin is closely involved with the play and strongly identifies himself with the main character and his fate. In fact, the images that haunt Macbeth bear a frightening resemblance to the protagonist's traumatic re-experiences. Since Justin himself suffers from severe feelings of guilt and even perceives himself as responsible for his brother's death, his choice was not coincidental. As Justin can precisely relate to the character's emotions, he feels confident in acting the scene, however, it seems as if he performs the task in order to realize and process his secret emotions. In the end, his performance is carried out in such a realistic manner that his fellow students shudder. Hence, the acting of the scene intensely visualizes the painful and frightening impact of Justin's trauma and how his emotions transfer to his contemporaries.

Another reference to Shakespearean drama includes *A Midsummer Night's Dream*. This particular play seems to be significant in illustrating the fact that perception and reality are mostly subject to personal impression. The play is presented by the protagonist's drama teacher followed by an explanation of the major theme: “Not everyone sees everything the same way. That's natural. But with Titania, the problem is even bigger. She's gotten sprinkled with fairy dust. Now the trouble is, in addition to the normal differences, she's seeing the world through a distorted lens” (Morgenroth 30). Similar to Titania, the protagonist suffers from distorted perception which was caused by his trauma. Due to his mental impairment, Justin himself is not able to see the world as it really is. Not only does he suffer from frequent reenactments of his trauma day and night, he also misjudges the behavior of the people surrounding him, perceiving his supportive contemporaries as malevolent and segregating. Hence, the protagonist's cognitive bias appears to be caused by his own uncertainty and poor self-image and therefore he imposes his negative self-perception on others, being unable to identify their true intentions.

Moreover, Morgenroth references two works of fiction that further elevate the indiscernible boundary between fiction and reality, i.e. Nabokov's *Lolita* and Williams's *The Glass Menagerie*. Strikingly, these narratives both feature unreliable narrators (see e.g. Single 139, Moore 71). According to Baldick, unreliable narrators share specific characteristics that leave

the reader to doubt the truthfulness of the events narrated. In general, an unreliable narrator's "account of events appears to be faulty, misleadingly biased, or otherwise distorted" (see *ibid.* 268). However, the term does not necessarily imply a narrator's deliberate intent to present the story inaccurately, but in some instances the misstatement of facts might result from flawed assessment. For instance, frequently mentally disabled or innocent characters narrate about their own subjective reality as they themselves experience it (see Doenges 44). Hence, by referencing works featuring flawed narrators and explicitly mentioning the literary device of unreliable narration, Morgenroth seems to indicate her own protagonist's reduced credibility. What is more, Justin's reality is distorted by his suffering from PTSD and therefore, he likewise has to be considered an unreliable narrator. In some instances, even, Justin himself hints at his own untrustworthiness, due to his clouded mind (e.g. Morgenroth 113). Consequently, an analogy between the characters' inability to distinguish between truth and illusion can be established among the novels mentioned.

6. CONCLUDING REMARKS

As trauma is so inconceivable in nature for those who experience it, it seems to constitute a major challenge to realistically and transparently represent its devastating effects in literature. However, there is a great number of writers who address this task and demonstrate excellent skill in depicting such a delicate topic. As the literary analysis in this thesis suggests, the portrayals in young adult literature cannot be regarded as negligible concerning accurate and sophisticated coverage. In particular, the novels show multifaceted representations of trauma and how its aftermath is experienced by the characters. Thereby, the authors depict their experiences in a manner appropriate to their audience's age, while adhering to established conventions in trauma fiction in order to sustain aesthetic appeal as well as ethical justification.

Concerning reader oriented writing, all three narratives feature protagonists in their adolescent years in order to foster identification and facilitate comprehension of their hardships. Likewise, the characters in Chbosky's and Brown's novel vividly narrate their own story, and, although mediated by a heterodiegetic narrator, Morgenroth's novel provides a coherent and precise account of the protagonist's psychic processes. Thus, the audience is able to relate to the character's cognitions and emotions and are likely to show sympathy for their fates. Although the characters' sufferings are poignantly portrayed, the endings raise hope about the victims' complete recovery from trauma. Towards closure, even if the characters are still struggling with

their symptoms, they display a proactive attitude, which is another characteristic of young adult literature applied by the writers.

Furthermore, young adult novelists frequently tend to portray unsettling subject matter, albeit often subject to criticism, in an undisguised way to establish realistic expectations among their inquisitive audience. In terms of content accuracy, the novels' portrayals of trauma emergence, development, and healing demonstrate accurate coverage of trauma theory. Hence, the sources of the characters' traumata, in Charlie's case sexual abuse and loss in early childhood, or witnessing the death of a beloved person as experienced by Valerie and Justin, account for a reasonable depiction of possible factors causing trauma. Similarly, the characters' defective states during the aftermath of these events are represented convincingly by means of symptomatic revelation. Thereby, the reader is confronted with a multitude of responses to trauma, such as intrusion symptoms, avoidance, and changes in cognition and affect. Nevertheless, not only their severity is accounted for, but otherwise young adults discover the potentiality of coping. Hence, the works do not merely demonstrate that PTSD is a highly severe issue, but they provide cause for optimism, however tragic and hopeless some destinies seem.

Finally, as concerns adequacy of literary devices, the samples of young adult literature refrain from merely describing the suffering trauma entails verbally, but also apply stylistic devices to figuratively mirror the harrowing effects of trauma. Especially elements such as repetition, fragmentation and symbolism reflect a trauma victim's repeated recollections, their distorted memory as well as the frequently opaque nature of the experience. In addition, intertextual references to similar disasters suggest trauma's presence throughout different societies and histories. Thus, the novels represent trauma as a substantial theme commonly adapted in literature and other works of art, indicating its universal significance.

By means of analyzing these three works of young adult fiction it becomes apparent that literature intended for juvenile readers does not necessarily imply poor literary quality. All three novels analyzed feature a sophisticated use of appropriate narrative devices without neglecting veracity of content. Thereby, the novels' content-related representations are elaborately connected to their writing style. In the end, perceiving literature for young adults as inferior seems to be plainly misleading, as the portrayal of trauma in *The Perks of Being a Wallflower*, *Hate List* and *Echo* suggests.

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9. APPENDIX

Once on a yellow piece of paper with green lines
he wrote a poem
And he called it “Chops”
because that was the name of his dog
And that’s what it was all about
And his teacher gave him an A
and a gold star
And his mother hung it on the kitchen door
and read it to his aunts
That was the year Father Tracy
took all the kids to the zoo
And he let them sing on the bus
And his little sister was born
with tiny toenails and no hair
And his mother and father kissed a lot
And the girl around the corner sent him a
Valentine signed with a row of Xs
and he had to ask his father what the Xs meant
And his father always tucked him in bed at night
And was always there to do it

Once on a piece of white paper with blue lines
he wrote a poem
And he called it “Autumn”
because that was the name of the season
And that’s what it was all about
And his teacher gave him an A
and asked him to write more clearly
And his mother never hung it on the kitchen door
because of its new paint
And the kids told him
that Father Tracy smoked cigars
And left butts on the pews
And sometimes they would burn holes
That was the year his sister got glasses
with thick lenses and black frames
And the girl around the corner laughed
when he asked her to go see Santa Claus
And the kids told him why
his mother and father kissed a lot
And his father never tucked him in bed at night
And his father got mad
when he cried for him to do it.

Once on a paper torn from his notebook
he wrote a poem
And he called it “Innocence: A Question”

because that was the question about his girl
And that's what it was all about
And his professor gave him an A
and a strange steady look
And his mother never hung it on the kitchen door
because he never showed her
That was the year that Father Tracy died
And he forgot how the end
of the Apostle's Creed went
And he caught his sister
making out on the back porch
And his mother and father never kissed
or even talked
And the girl around the corner
wore too much makeup
That made him cough when he kissed her
but he kissed her anyway
because that was the thing to do
And at three A.M. he tucked himself into bed
his father snoring soundly

That's why on the back of a brown paper bag
he tried another poem
And he called it "Absolutely Nothing"
Because that's what it was really all about
And he gave himself an A
and a slash on each damned wrist
And hung it on the bathroom door
because this time he didn't think
he could reach the kitchen (Chbosky 75-77).

9.1. Abstract

Since young adult literature is frequently misconceived, considered as superficial and lacking complexity, the purpose of this thesis is to reconsider this assumption and acknowledge the genre as an eligible medium to veraciously cover serious content. As there is a large number of literature for young adults which addresses delicate topics, thorough investigation is needed on how these are portrayed in terms of content and form. The aim of this paper is to demonstrate that there is in fact young adult fiction that involves truthful and sophisticated portrayals of tender subjects. Therefore, an analysis of three representative samples of trauma literature written for a juvenile audience serves to illustrate that young adult novels are on the one hand able to represent trauma adequately, and on the other hand they are far from being simplistic.

In order to introduce the topic, theories of young adult fiction, trauma fiction and trauma theory in general are presented. Firstly, there is a discussion of objectives and purposes that are intended by young adult literature. Secondly, several literary devices that are characteristic of trauma fiction in general are specified, which serve as analytical tools for the novels selected. Finally, trauma theory, as it is for instance used in theoretical as well as in clinical psychology, are explored in order to examine their application in young adult literature.

The novels discussed are Stephen Chbosky's *The Perks of Being a Wallflower*, Jennifer Brown's *Hate List* and Kate Morgenroth's *Echo*. These works deal with different types of trauma and reveal different aspects concerning its source, course and recovery. For the analysis the following main question is taken under consideration: How are the characters' traumas represented in terms of content and form?

Considering the variety of ways to display trauma in juvenile fiction, especially outlined through the analysis of the three sample novels, it becomes apparent that young adult literature is able to discuss sensitive issues extensively and adequately. Thus, the misconception that literature for young adults contains merely lighthearted representations of undemanding subject matter is to be reconsidered.

9.2. Deutsche Zusammenfassung

Aufgrund der fälschlichen Annahme, Jugendliteratur sei nicht tiefgründig und es fehle ihr an Komplexität, ist das Hauptanliegen dieser Arbeit, diese Behauptung zu überprüfen und die Gattung als ein geeignetes Medium zur Darstellung ernsten Inhaltes anzuerkennen. Da es eine große Anzahl an Werken für Jugendliche gibt, welche heikle Themen ansprechen, bedarf es gründlicher Untersuchung der inhaltlichen und formalen Darstellung dieser Problematiken. Das Ziel dieser Abhandlung ist es daher, aufzuzeigen, dass es tatsächlich Jugendromane gibt, in denen problematischer Inhalt auf anspruchsvolle Art und Weise, aber auch der Wirklichkeit entsprechend behandelt wird. Im Zuge dessen soll eine Analyse von drei repräsentativen Jugendromanen zur Verdeutlichung dienen, dass es sehr wohl Jugendauteure gibt, die einerseits in der Lage sind Trauma adäquat zu repräsentieren, und andererseits das Thema keineswegs simplifizieren.

Zur Einleitung des Themas dienen theoretische Grundlagen mit Bezug auf Jugendliteratur und *trauma fiction* im Allgemeinen. Zuerst wird die Zielsetzung und Zweckbestimmung von Jugendromanen erörtert. Des Weiteren folgt eine Spezifizierung von literarischen Mitteln, welche für *trauma fiction* charakteristisch sind. Diese sollen gleichzeitig als Analyseinstrumente für die ausgewählten Romane dienen. Zuletzt soll aufgezeigt werden, wie Traumatheorie, mit Bezug auf deren Anwendung in der theoretischen und klinischen Psychologie, in den Jugendromanen wiedergegeben wird.

Unter den zu erörternden Romanen befinden sich Stephen Chbosky's *The Perks of Being a Wallflower*, Jennifer Brown's *Hate List*, sowie Kate Morgenroth's *Echo*. Diese Werke behandeln verschiedenste Formen von Trauma, wobei unterschiedliche Aspekte dargelegt werden, was Ursachen, Verlauf und Genesung betrifft. Für die Analyse wird die Frage nach der inhaltlichen und formalen Darstellung der Problematik in Betracht gezogen.

Bezüglich der Vielfalt der Darstellungen von Trauma in der Literatur für Jugendliche, welche besonders durch die Analyse der genannten Beispiele zum Ausdruck gebracht werden soll, wird offensichtlich, dass Jugendliteratur ein geeignetes Medium ist, um sensible Inhalte umfassend darzustellen. Daher ist die offenbar falsche Annahme, dass Jugendliteratur lediglich triviale Repräsentationen von anspruchslosen Themen beinhaltet, zu überdenken.